

THE
CALCUTTA JOURNAL
OF
MEDICINE:

A MONTHLY RECORD OF THE MEDICAL AND AUXILIARY SCIENCES.

तदेव युक्तं भैषज्यं यदारोग्याय कल्पते ।
सचैव भिज्जां श्रेष्ठो रोगेभ्यो यः प्रमोचयेत् ॥

चरकसंहिता ।

That alone is the right medicine which can remove disease :
He alone is the true physician who can restore health.—

Charaka Samhitā.

EDITED BY
MAHENDRA LA'L SIRCA'R, M. D.

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CONTENTS OF Vol. V. 1872.

Nos. 1 & 2. January & February.

THE MATERIA MEDICA :—

20.—Calcareo Carbonica.	1
--------------------------------	---

EDITOR'S NOTES :—

On the Physical properties of the extrusion of the white Corpuscles.	29
On the Physical Properties of the Chlorides.	30
Calabar Bean in Paralysis of the Ocular Muscles.	31
Chronic Chloroform Poisoning.	32
The Medical Declaration respecting Alcohol.	34
Longevity of Medical men.	35

ON THE NECESSITY OF NATIONAL SUPPORT TO AN INSTITUTION FOR THE CULTIVATION OF THE PHYSICAL SCIENCES BY THE NATIVES OF INDIA.	37
---	----

REVIEW :—

Homœopathy an Inductive Method of Cure. By L. Salzer, M. D.	53
---	----

CLINICAL RECORD :—

A case of Colicodynia, terminating in severe Tympanitis, with impending Intussusception. Under care of Dr. Sircar, Reported by Babu Jadunath Mukerji.	62
--	----

GLEANINGS FROM CONTEMPORARY LITERATURE :—

Ethics of Abortion. Read before the New Jersey State Homœopathic Medical Society, October 11th, 1871. By Dr. L. Dennis.	65
On the Action of Inorganic Substances when Introduced directly into the Blood. By James Blake, M. D., F. R. C. S. San Francisco, California.	70
Spectrum Analysis applied to Medicine.	74

CHHARAKA SANHITA. Chapter 6.	77
Our Exchanges.	

Nos. 3 & 4, March & April.

MATERIA MEDICA :—

21.—Camphora.	81
22.—Cannabis Sativa.	97

EDITOR'S NOTES :—

Bread made with Sea-water.	121
Precocious Development.	121
Some Peculiarities in the action of Hydrate of Chloral.	121
On Tinting (Tattooing) Opacities in the Cornea.	122
Action of Iodide of Potassium and of Iodide of Ammonium on the Skin.	123

Ann On the Influence of Violet Light on the growth of Vines and on the development of Pigs and Bulls.	124
--	-----

THE PRESENT EPIDEMIC OF DENGUE AND ITS TREATMENT. ...	127
CLINICAL RECORD :—	
A case of Herpes Circinatus. Under Care of Dr. M. L. Sircar.	145
A case of Inflammation of the Uterus and Ovaries, with Metrorrhagia. Under care of Dr. Sircar.	146
GLEANINGS FROM CONTEMPORARY LITERATURE :—	
How to select the Similimum. By J. C. Morgan, M. D. ...	147
Observations on Sea-Sickness and on some of the means of relieving it. By Sir James Alderson, M. D., D. C. L., F. R. S. ...	155
Our Exchanges.	

Nos. 5 & 6, May & June.

THE MATERIA MEDICA :—	
Carbolic Acid. By Temple S. Hoyne, M. D.	159
Calcarea Phosphorica.—Resume of Provings. By Constantine Hering, M. D.	183
EDITOR'S NOTES :—	
Cerebro-Spinal Fever.	202
Digestion of Calomel.	202
Value of Clinical Thermometry	203
Pathological Action of Hydrocyanic Acid.	204
The Temperature in General Paralysis of the Insane. ...	205
Chloral Hydrate in Strychnia Poisoning.	206
A case of Abnormal Termination of the Thoracic Duct on the Right Side.	207
• LUNATIC ASYLUMS IN BENGAL.	209
DR. AITKEN'S LAST INTRODUCTORY LECTURE.	217
CLINICAL RECORD :—	
A case of Scrofulous Corneitis. Recovery. Under care of Dr. Sircar.	221
GLEANINGS FROM CONTEMPORARY LITERATURE :—	
The Late Dr. William Henderson, M. D.	223
CHARAKA SANHITA. Chapter 6.	232
Our Exchanges.	

Nos. 7 & 8, July & August.

THE MATERIA MEDICA :—	
24.—Capsicum Annuum.	227
25.—Carbo Animalis.	254
EDITOR'S NOTES :—	
The Dengue in the Middle of the 17th Century.	285
The Difference of Action of the Right and Left Pneumogastric Nerves on the Heart.	ib.
• Subcutaneous Injection of Ergot in Uterine Tumors. ...	286
Moral Contagion.	287

THE
CALCUTTA JOURNAL
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VOL. V.] **March & April 1872.** [NOS. 3 & 4.

THE MATERIA MEDICA.

21.—CAMPHORA.

History: It was known to the Arabians, and to the Hindus at the time of Vikramāditya, but whether it was known earlier either to the Hindus or to the Greeks and Romans, is doubtful.

Preparation: It is prepared from the wood of the camphora officinarum or the laurus camphora by distillation either dry or with the aid of water. This forms the crude common camphor of commerce, and is purified by sublimation after being mixed with quick lime.

Properties: Solid at ordinary temperatures, soft, somewhat tough, easily pulverizable by the addition of a few drops of rectified spirits. Evaporates in the air at ordinary temperatures; if kept in closed vessels, evaporates and crystallizes on their sides. Burns in the air like volatile oils. Fuses at 347°F, forming a transparent liquid which boils at 400°F. Sp. gr. 0.9867. When thrown on water, it becomes violently agitated and presents a gyratory motion which ceases the moment a drop of oil is let fall on the water. It is translucent, has a crystalline granular texture, a strong peculiar, aromatic, not disagreeable odor, and an aromatic, bitter, afterwards cooling taste.

Slightly soluble in water, 1 part being taken up in 1000 parts; more soluble under augmented pressure. Readily soluble in alcohol, but precipitated from its alcoholic solution by water. Soluble also in ether, bisulphuret. of carbon, chloroform, the oils (both fixed and

volatile), and the acids. The nature of camphor is changed when dissolved in nitric acid. Is insoluble in alkaline solutions.

Chemical Composition and Characteristics: $C_{10}H_{16}O_2$. Agrees with the solid volatile oils in its combustibility, volatility, powerful odor, solubility in alcohol and ether, but distinguished from them by the character of its odor, by its not blackening in burning, and by its not being converted into resin by the oxygen of the air or by nitric acid.

Is distinguished from the Borneo camphor by its power of absorbing hydrochloric acid gas and forming a transparent colorless liquid. Borneo camphor becomes converted into common camphor by being boiled in nitric acid. Is distinguished from artificial camphor by the latter evolving hydrochloric acid when volatilized, by its burning with a greenish sooty flame which, when blown out, gives off vapors having a terebinthinate odor. The crystallization of common camphor from its alcoholic solution, when watched under the microscope and by means of polarized light, presents a most beautiful display of colored crystals, which the crystallization of artificial camphor under the same circumstances does not.

Old School Uses: Internally, it is chiefly used as a stimulant in all forms of adynamia, chiefly adynamic fevers and the adynamic stages of inflammatory and exanthematous fevers; as an anodyne and antispasmodic in spasmodic affections, such as cough, epilepsy, puerperal convulsions, hysteria, &c., in strangury and dysuria whether idiopathic or produced by cantharides, and in dysmenorrhœa; as a calmative in insanity; as an anaphrodisiac in satyriasis, nymphomania, and onanism; and lastly as an antidote to various sorts of narcotic poisoning. Strangely enough, notwithstanding the energetic though evanescent effects of camphor, it is used in the form of a watery solution, as a vehicle for nearly all liquid mixtures, and probably to this fact is due the comparative innocuousness of the massive doses of orthodoxy.

Externally, camphor is used chiefly in liniments and embrocations either as a local anodyne or local stimulant. It is very rarely used in the form of vapor to allay spasmodic cough, and promote the functions of the skin. In the solid state it often forms a principal ingredient of tooth-powders. Spread over poultices applied to the perineum it has been said to allay the chordee of gonorrhœa.

Concordances.

Moral and intellectual faculties.—Ars. aur. BELL. con. cupr. hyosc. LYC. NATR-MUR. op. puls. rhus. stram. veratr.

Seat of the diseases.—Acon. alum. anac. ang. ARS. BELL. bry. cham. chin. cic. con. cupr. hep. hyosc. IGNAT. kali. lyc. merc. n-vom. op. puls. rhus. sep. staph. stram. sulph. VERATR.

Morbid states and sensations.—Acon. ang. arn. ars. BELL. bry. calc. caust. cham. chin. cic. COCC. con. cupr. hyosc. IGNAT. IPEC. laur. lyc. merc. mosch. n-mosch. n-vom. op. phosph. plat. puls. rhus. sec-corn. sep. sil. stann. stram. sulph. thuj. VERATR.

Glands.—Bar. bell. bry. carb-an. clem. con. graph. lyc. merc. n-vom. phosph. puls. sil. sulph.

INDIA OFFICE SANITARY REPORT FOR 1870-71.	289
THE FEVER EPIDEMIC OF BENGAL AND THE VICEROY'S PRIZE ...	299
CLINICAL RECORD :—	
A case of Chronic Conjunctivitis. Recovery. Under care of Dr. Sircar.	304
A case of Corneitis. Recovery. Under care of Dr. Sircar. ...	ib.
GLEANINGS FROM CONTEMPORARY LITERATURE :—	
Influence of Epidemics of Fever in checking the advance of those of Cholera. By Robert Lawson, President of the Epidemio- logical Society, &c.	305
CORRESPONDENCE :—	
Specific for Dysmenorrhœa.	313
Our Exchanges.	

Nos. 9 & 10. September & October.

THE MATERIA MEDICA :—	
26.—Carbo Vegetabilis.	315
EDITOR'S NOTES :—	
The Physiology of the Bile.	367
Dangerous results of Carbolic Acid.	ib.
Hydrophobia from the bite of a Cat.	ib.
Functional inequality of the two Cerebral Hemispheres. ...	368
Indian Medical Statistics.	ib.
Berberis vulgaris in ague and spleen.	369
Researches on Quinic Acid.	370
THE INSPECTOR-GENERAL'S REPORT ON THE CALCUTTA MEDICAL INSTITUTIONS FOR THE YEAR 1871.	372
ON THE TRAINING OF DHAIES OR NATIVE MIDWIVES.	379
CLINICAL RECORD :—	
A case of Cystic tumor. Under care of Dr. M. L. Sircar. ...	383
CORRESPONDENCE :—	
Ulatkambal in Dysmenorrhœa.	ib.
GLEANINGS FROM CONTEMPORARY LITERATURE :—	
How to treat Prevailing Diseases. By Constantine Hering, M. D.	385
Our Exchanges.	

Nos. 11 & 12. November & December.

THE MATERIA MEDICA :—	
27. Causticum.	393
EDITOR'S NOTES :—	
Tetanus and its Treatment.	449
Society of Hospital Physicians.	450
Lumbricus in an abscess about the Hip-joint.	ib.
Resection of Joints.	451
Therapeutic action of Hyoscynamine.	ib.

THE CONTROVERSY ON ULATKAMBAL, THE SPECIFIC FOR DYSMENORRHOEA.	452
CLINICAL RECORD :—	
A case of Scrofulous Ophthalmia. Recovery. Under care of Dr. Sircar.	457
GLEANINGS FROM CONTEMPORARY LITERATURE :—	
The Physiological Position of Tobacco. By William F. A. Axon, M. R. S. L., F. S. S.	458
On the Work of a Medical Officer of Health. By T. J. Dyke, &c.	466
CORRESPONDENCE :—	
Ulatkambal in Dysmenorrhoea.	473
Our Exchanges.	

Skin.—Acon. arn. ars. bell. bry. calc. dulc. hep. lyc. merc. nitr-ac. n-vom. phosph. ph-ac. puls. RHUS. sec-corn. sep. sil. sulph. veratr.

Sleep and dreams.—ANT-TART. bry. con. croc. cupr. n-mosch. op. ph-ac. puls. veratr.

Pyrosis.—Acon. ARS. BELL. calc. chin. con. hell. laur. merc. nitr. n-mosch. N-VOM. PHOSPH. ph-ac. puls. rhus. SABAD. samb. sep. spig. sulph. VERATR.

Exacerbations.—Acon. agar. arn. ars. aur. bell. bry. carb-an. carb-veg. CAUST. chel. coc. coff. colch. con. dig. dulc. graph. hell. HEP. hyosc. KALI. lyc. merc. mosch. n-mosch. N-VOM. phosph. puls. ran-bulb. rheum. US. SABAD. scill. selen. sep. sil. spig. staph. stram. STRONT.

Concordances in general.—Acon. ang. ant-tart. arn. ARS. aur. BELL. bry. calc. caust. cham. chin. cic. coc. con. croc. cupr. dulc. hell. hep. hyosc. ignat. ipec. kali. LYC. MERC. mosch. natr-mur. n-mosch. N-VOM. op. phosph. ph-ac. PULS. RHUS. sabad. sec-corn. SEP. sil. stram. stront. SULPH. VERATR.

Antidotes.—Op. spir-nitr-dulc.—(noc. nitr.)

Hahnemann's Preface.

I do not look upon the list of symptoms which are known of CAMPHOR, as complete; I consider it merely a beginning of such a list, which may be completed hereafter.

This medicine has always been given at random in large doses, so that its true action could never be known, for this additional reason, that it has always been employed in combination with other drugs, and, what is worse, in the midst of the tumultuous raging of the disease.

The pathogenetic symptoms which have been observed by Alexander* are very few and very general.

The action of this substance on the healthy body is extremely problematic and difficult to define, for this reason, that the primary action of CAMPHOR alternates too suddenly and is too easily confounded with the reaction of the vital principle, which makes it difficult to distinguish between this reaction and the secondary effects of CAMPHOR.

Some of the results of the action of CAMPHOR are just as problematic and astonishing as that action itself.

It neutralizes the effects of a variety of vegetable medicines (even of CANTHARIDES and a number of mineral and metallic medicines) and must therefore have a sort of general pathological action which we shall perhaps never be able or even permitted to designate by a general term, lest we should stumble into the realm of shadows, where fanciful dreams hover around us in the place of perception and knowledge by the senses; where we grope in the dark instead of being enlightened by experience, and where, in spite of our attempts at penetrating into the inmost constitution of things, which little minds are so prone to boast of, we reap nothing but pernicious error and self-delusion as the fruit of such hyper-physical speculations.

I know from experience that CAMPHOR removes the violent effects of a number of medicines which had either been improperly selected or administered in too large doses; in all such cases it acts as a palliative, as an antipathic to the primary action of those drugs.

* See Will. Alexander's experiments.

For purposes of palliation it ought to be given frequently and in small doses, every five or fifteen, or, if the danger be very imminent, every two or three minutes, mixing one drop of an alcoholic dilution (one eighth of a grain) with a quarter of an ounce of water by shaking these ingredients together, or directing the patient to smell of a solution of CAMPHOR every three, four, six, ten or fifteen minutes.

One grain of CAMPHOR (dissolved in eight drops of alcohol) unites with 400 grains of tepid water, and may be dissolved perfectly by means of shaking, contrary to the doctrine contained in almost every *Materia Medica*.

According to my experience, CAMPHOR is no antidote against the violent effects of IGNATIA.

Owing to the short duration of its action and the rapid change of its symptoms, it cannot, generally speaking, be used as a remedial agent in the treatment of chronic diseases.

CAMPHOR, when applied to the skin, producing a kind of erysipelatous inflammation, it may be applied externally to similarly inflamed parts, provided the erysipelas, irradiating over the skin and disappearing momentarily on pressure, is a mere external symptom of a sudden internal disease, the other symptoms of which correspond to those of CAMPHOR.

In the Siberian influenza, when it appears amongst us at the time when the hot weather has already set in, CAMPHOR may be used as a palliative; but it is an excellent palliative on account of the disease having a short duration, and ought to be given in frequent and progressively increased doses in water, as taught above.

In this way CAMPHOR does not shorten the course of the disease, but deprives it of its danger and diminishes its intensity until it reaches its termination.

(One dose of Nux v. one pellet of the 30th potency, when homœopathically indicated, frequently cures the disease in a couple of hours.)

OPIUM is an antidote to CAMPHOR.

On the other hand, CAMPHOR is a great preserver of life in cases of poisoning by OPIUM; the effects of these two substances neutralize each other.

It is astonishing that CAMPHOR and OPIUM should be mixed together in the same prescription by physicians of the Old School.

Pathogenetic Symptoms.

Mind :—

Very great anguish.

She tosses about in her bed anxiously, with constant weeping.

Confusion of ideas; delirium.

Delirium; he proposes absurd things.

Rage, with foam at the mouth.

All the external objects are repulsive to him, and excite his ill-humor; he feels as if he would like to push them out of his way.

The boy hides himself in a corner, and howls and screams; he imagines that every thing which is said to him, is said imperiously; he feels insulted.

Desire to dispute. Mania to dispute.

He acts and talks too hastily.

Sensorium :—

Vanishing of the senses (in a few minutes.)

Loss of consciousness.

Spasmodic drawing of the head sideways towards the shoulder (in a few minutes) caused by a large dose given to a child, with loss of senses, and all the parts of the body becoming deadly pale.

When walking, he staggers to and fro, and is obliged to hold on to something, in order to stand firmly.

He rubs his forehead, chest, and other parts, knows not how to describe his feelings ; he leans against something, his senses vanish, he glides and falls down, the limbs being rigid and extended, the shoulders drawn backwards, the arms being a little curbed in the beginning of the paroxysm, the hands being bent towards the extensor surface of the arm, and the fingers being somewhat clenched and set apart from one another ; afterwards all the parts of the body being stretched and stiff, with the head bent sideways, the lower jaw being rigid and wide open, the lips drawn inwards, the teeth clenched, eyes closed, with unceasing distortions of the muscles of the face, cold all over and breathless, for a quarter of an hour.

Vertigo, heaviness of the head ; the head inclines backwards.

Intoxication. When walking he staggers as if he were intoxicated.

Vertigo recurring at different periods.

Vertiginous heaviness of the head.

Frequent and short attacks of vertigo.

Obtusion of the head, with full consciousness.

Want of memory.

The tetanic fit, with loss of consciousness and vomiting, is followed by a complete inability to recollect, as if he had no memory.

Vanishing of the senses.

Head :—

Heaviness of the head.

Throbbing headache.

Throbbing ache in the forehead, with stinging, continuing during the night, with general dry heat without any thirst.

Violent, single stitches in the right hemisphere of the brain.

Tearing headache.

Headache, as if the brain were sore and felt bruised.

Constrictive pain at the base of the brain, especially in the occiput and above the root of the nose, continuing without intermission, the head leaning to one or the other side ; the pain is very much increased by deep stooping, lying down, or external pressure, hands and feet being cold, with hot forehead and coma vigil. •

Headache, as if the brain were constricted.

Dull headache over the os frontis, with inclination to vomit.

Congestion of blood to the head.

Violent headache.

Sensation of pressure in the head.

Pressure in the occiput.

Aching pain over the left eye, in the evening.

Throbbing pressure in the temples.

Quickly passing headache, as if the brain were being compressed from all sides ; the pain is felt only when he does not pay especial attention to it ; if he thinks of his pain, it disappears instantaneously.

Pressure in the middle of the forehead.

Headache, pressing from within outwards (immediately.)

Tearing pressure in the right temple.

Pressure and pushing from within outwards, in the left side of the forehead, with a sensation as of tearing.

Headache : cutting thrusts dart to the centre of the brain from the forehead and temple ; recurring after short pauses, immediately after lying down.

Incisive pressure from the left occiput to the forehead.

Lancinating pain in the forehead, with aching at the top of the os frontis.

Fine tearing in the head, especially in the forehead.

Fine tearing in the right temple and forehead.

Fine tearing pain in the left half of the forehead and occiput.

Heat in the head and tearing headache, quickly passing and disappearing upon pressure.

Excessive congestion of the blood to the head.

Fatal inflammation of the brain.

[Vertigo, loss of consciousness, and coldness of the body appear to be primary symptoms of a dose of CAMPHOR, and point to a diminished afflux of blood to those parts which are distant from the heart ; whereas the rush of blood to the head, heat in the head, &c., are symptoms which denote a reaction of the vital powers, just as forcibly as the former symptoms denoted their diminished action.]

Slight and recent inflammations, which have come on very suddenly, may, therefore, be removed by the palliating cooling effects of CAMPHOR, old inflammations never.

The continued, or even the frequently repeated use of CAMPHOR frequently brings on an obstinate ophthalmia, corresponding to the permanency inherent in the reaction of the organism.

I am not prepared to deny the homœopathicity of external applications of CAMPHOR to inflamed eyes in acute cases ; but I cannot advocate it, for the reason that I never use external applications in the treatment of ophthalmia.]

Face :—

Pale countenance.

Very red countenance.

Countenance first pale, with eyes closed in the first instance, but afterwards staring and open, the balls of the eyes being directed upwards.

Spasmodic contortion of the facial muscles, with foam at the mouth, (caused by several grains of Camphor injected into the median vein.)

Eyes :—

Sensation as if all the objects were too bright and shining.

He cannot bear the light.

Biting sensation in the external canthus.

Contraction, then dilatation of the pupils.

Ophthalmia.

The balls of the eyes are turned upwards.

Staring, wild looks.

Staring, inflamed eyes.

He looks at every body with staring and astonished eyes, without any consciousness.

Sensation of tension in the eyes.

Frequent twitchings in the external canthus.

Visible twitchings and winking of the upper eyelid.

Biting itching of the eyelids.

Biting and stinging of the eyelids.

The eyelids are covered with many red spots.

Lachrymation in the open air.

A few red, painless places in the white of the right eye.

Pain in the right eyeball pressing from within outwards, when moving it.

Sensation in the left eyeball, as if it were pressed and pushed upon from behind.

Distortion of the eyes.

Excessive contraction of the pupils.

Obscuration of sight.

Strange figures are hovering before his eyes.

Ears :—

A kind of tearing in the left ear.

Hot feeling in the lobules. Hot, red lobules.

Tingling of the ears.

Dark-red ulcer in the left external meatus auditorius externus, larger than a pea ; when touching it, he felt a stinging pain.

Suppuration after thirty-six hours.

Nose :—

Stinging pain in the anterior corner of the nostrils, as if the place were sore and ulcerated.

Jaws and Teeth :—

Painful vacillation of the teeth.

Feeling as if the teeth were too long, with aching, which appear to originate in a swelling of the submaxillary glands.

Lock-jaw.

Toothache: shooting, cutting thrusts dart through the gums near the roots of the incisores and cuspidati (brought on by smelling.)

Mouth :—

Foam at the mouth (in a few minutes.)

Early in the morning, foetid smell from the mouth, which he perceives himself.

Dry feeling of the posterior part of the tongue, sensation as of scraping, with much saliva.

Continual accumulation of saliva in the mouth.

Accumulation of saliva in the mouth, which is sometimes slimy and tenacious.

Dry, scraping sensation of the palate.

A cold feeling rises up into the mouth and towards the palate.

Disagreeable warmth in the mouth.

Sensation of heat in the mouth and stomach.

Throat:—

Single, long stitches in the velum pendulum palati.

Nightly pain in the throat, during and between the acts of deglutition, as if the pharynx were sore and ripped up, with a sensation in the throat, as if one had swallowed rancid things.

Violent burning of the palate, down the pharynx, causing a desire for drink, but remaining in spite of drinking, (by smelling) (immediately.)

Gastric Symptoms and Appetite:—

Likes to drink, without being thirsty.

Food has a strong taste; broth has a very strong taste.

Aversion to tobacco (although he is used to tobacco; tobacco does not taste badly to him; nevertheless it is soon repulsive to him, unto vomiting.

Regurgitation of the ingesta.

Frequent and almost continual empty eructation after dinner.

Absence of thirst the first thirty-six hours.

The taste in the mouth is natural, but every thing he eats tastes bitter; even tobacco, which he is in the habit of smoking, tastes bitter.

Food tastes bitter, meat still more than bread (with eructations during and after a meal); it tastes of Camphor.

Frequent discharge of watery saliva.

Nausea, with pyalism.

Nausea and inclination to vomit, going off after an eructation.

Short attacks of vertigo, after several attacks of inclination to vomit.

Cold sweat, especially in the face, at the commencement of vomiting.

Bilious vomiting, streaked with blood.

Stomach:—

Pain in the stomach.

Aching in the pit of the stomach or the anterior portion of the liver.

Sensation in the pit of the stomach, as if it had been strained by distention, and bruised by blows, with fulness in the abdomen.

Pain in the region of the stomach.

Cooling sensation, especially in the pit of the stomach.

Burning in the stomach.

Inflammation of the stomach?

Abdomen:—

Cold feeling in the epigastrium and hypogastrium.

Violently burning heat in the epigastrium and hypogastrium.

Burning heat in the hypogastrium.

Burning in the stomach.

The digestion becomes disturbed.

Sensation of hardness and heaviness in the abdomen over the umbilicus.

In the whole right side of the abdomen, as far as the region of the liver and chest, a drawing pain as from bruises, more internal than external, especially during an inspiration.

Pinching pain in the hypogastrium, especially in the umbilical region.

In the right side of the abdomen, a stitching-drawing heaviness, which is yet more distinctly felt when pressing upon the part.

Hard pressure in the left iliac region.

Drawing in the left iliac region, with a sensation as of tension and being bruised.

Burning stinging in a place of the size of a hand, under the anterior crest of the ilium towards the uterus.

Contractive pain below the short ribs, extending to the lumbar vertebræ.

Aching in the hypochondria.

Frequent emission of flatulence; in a few hours, pressure in the abdomen, early in the morning, as if distended by flatulence.

Trouble from flatulence, in the abdomen.

Cutting colic, at night.

Pressure in the groin, when standing, on the left side of the mons veneris, at the the root of the penis.

Itching tingling in the right groin, going off by friction.

Pressing from within outwards, in the groin, near the mons veneris, at the root of the penis, as if hernia would protrude.

Short-lasting ascites.

Stool :—

Difficult expulsion of the fæces; they do not pass without putting the abdominal muscles on the stretch, as if the peristaltic motion of the intestines had been diminished, and as if the rectum had become narrower.

The rectum feels as if it had become narrower, swollen, and is painful when flatulence is being emitted.

Desire for stool, the stool being of the ordinary kind, little stool, however, being passed: this is again followed by an urgent desire, and a still lesser discharge of fæces.

Urgent desire for stool.

On the first day, two stools with some pinching in the abdomen, no stool on the second day; on the third day the stool is pretty hard and difficult.

Constipation. Obstinate constipation.

(Black stools.)

Involuntary diarrhœa.

Stools resembling those of cholera. (*Cal. Jour. Med.* ii, 166.)

Sensation of erosion in the rectum.

Urinary Organs :—

Urine yellow-green, turbid, having a musty smell.

He emits turbid urine, becoming quite turbid and thick after standing a while, of white-greenish color, without any sediment.

Red urine.

In the first hours, he emits less urine, without any pain; in a few hours longer he feels a biting pain, during micturition, in the

posterior portion of the urethra, lasting for several days ; the pain is followed by pressure in the region of the bladder, resembling a new desire to urinate.

Thin stream, as if the urethra were contracted.

Retention of urine during the first twelve hours, with constant pressure in the bladder and desire to urinate, no urine however being passed ; in twenty-four hours, however, he frequently emits an ordinary quantity of urine ; in forty-eight hours, the emission is still more abundant.

No urine for the first ten hours.

Strangury, almost immediately.

Diminished power of the bladder ; the urine came out of the bladder very slowly, without there being any mechanical obstacle in the way.

Strangury, with desire to urinate, and tenesmus of the neck of the bladder.

Involuntary micturition, after a violent pressure upon the bladder.

Almost involuntary micturition, and pain in the urethra after emission of the urine, resembling a contraction from before backwards.

Painful micturition.

Burning urine during emission.

Genital Organs :—

Inclination to nightly emissions of semen.

Stinging itching of the internal surface of the prepuce.

Sensation of contraction in the testes.

Weakness of the genital organs, and want of sexual desire the first two days.

Relaxation of the scrotum, want of erections and sexual instinct the first two days ; in forty-eight hours the erections are much more violent than ordinarily.

[Want of sexual desire, erections and emissions of semen are primary effects of Camphor ; it acts as a palliative, if one uses it to remove excessive sexual desires, erections and frequent pollutions which had existed already for a long time past ; the evil is afterwards increased by the reaction of the organism against the drug.]

Increase of the sexual desire.

Amorous ecstasy.

Impotence in the male.

A sort of violent labor-pains (in a widow.)

Cold, Catarrh :—

Expulsion of thin nasal mucus without sneezing or true coryza, early in the morning, when rising, and in the evening, when going to bed.

Coryza. Dry coryza.

Mucus in the trachea, making the voice rough ; it cannot be hawked up.

Pain in the trachea and the bronchial tubes, mostly when coughing, even when clearing the throat.

Chest :—

Deep and slow breathing.

The breathing is almost stopped.

Oppression of the chest, resembling a suffocative catarrh, as if it originated in a pressure in the pit of the stomach.

Fine stitches in the nipples.

Pressure on the top of the sternum, as from a load.

Oppressed, anxious, panting breathing.

Difficult, sluggish respiration.

Pressure on the sternum, when standing.

Soft pressure internally, upon the chest, under the sternum, with difficult breathing and a cooling sensation, rising from the chest into the mouth.

Complains of a constrictive sensation in the throat, as if produced by the vapor of sulphur.

He is threatened with suffocation and constriction of the throat.

Stitches in the left chest, when walking.

Painful, stitch-like sensation in the chest.

Stitches in the chest, and short and hacking cough, as if brought on by a cutting sensation, accompanied with coolness, deep in the trachea.

The stitches in and on the chest increase from day to day.

After a meal he feels and hears his heart beating against the ribs.

A fine, tearing pain on the right side of the nipple towards the pelvis.

Back :—

Tearing, with pressure, in the anterior border of the scapula, making the motion of the arm difficult.

Painful, drawing stitches through and between the scapulæ, extending into the chest, when moving the arms, for two days.

When walking in the open air, painful drawing and sensation of stiffness in the side of the neck and down the nape of the neck.

Tensive pain in the muscles of the nape of the neck, increasing in violence at every motion and turn of the neck.

Stitches in the nape of the neck, near the right shoulder, when moving the parts.

Several times a painless drawing in the cervical vertebræ during motion.

Tearing pain in the nape of the neck, when stooping with the head.

Superior Extremities :—

Convulsive rotation of the arms.

Pain, as from a sprain, in the phalanx of the thumb, when moving it.

Pressure on the shoulder.

Tearing, with pressure, in the middle and behind the upper arm.

Shooting, fine tearing from the middle of the internal surface of the left upper arm, to the middle of the fore arm.

Painful pressure in the right elbow-joint, more violent when leaning it upon the table ; in this case the pain extends to the hands.

Stitches in the forearm.

Tearing, with pressure, a little above the left wrist-joint.

Painful pressure on the internal surface of the left fore arm.

Tearing, with pressure, on the internal surface of the left fore arm.

Stitching pain, and continually increasing itching in the dorsum of the hand and knuckles of the fingers, going off by scratching.

Itching of the knuckles of the fingers, and between them.

Itching in the palm of the hand.

Inferior Extremities :—

Difficult motion and weariness of the lower limbs.

When sitting, or when bending the knee, the leg goes to sleep, with sensation of cold.

Early in the morning, when walking or setting down the foot, pain in the tarsal joint, as if this part had been sprained.

Cracking of the hip, knee, and tarsal joints.

Tremor of the feet. Tremulousness and want of firmness of the feet.

Drawing in the *gluteus maximus*, where it is inserted in the crest of the ilium, as if the limb would become paralyzed.

Drawing pain, as from bruises, in the thighs, after walking.

Drawing pain, as from bruises, in the right thigh, and on the inner side near and below the patella ; he fears lest the knee should suddenly bend forwards.

Tearing in the thighs.

The thighs are painful behind, above the bends of the knees, as after a long journey on foot.

Stitches in the anterior surface of the right patella, when sitting.

Tearing on the knees, below the patella, mostly when walking.

Vacillation, weariness and heaviness of the lower limbs.

He feels as if his knees would suddenly bend, and as if they were bruised.

Pressive drawing below the patella, on the internal surface of the knee.

Feeling of great weariness in the feet, when walking ; the legs feel bruised and tense.

The legs feel heavy, as if drawn down by a weight attached in the bend of the knee.

Pressure in the middle of the internal surface of the left leg.

Pressure on the internal surface of the leg, above the ankle, rather posteriorly.

Drawing, aching pain, when standing, under the right ankle, between the ankle and the *tendo Achillis* ; when moving the foot, the pain becomes tearing.

Drawing cramp-pain in the dorsum of the foot, especially during motion.

Tearing, with pressure, in the dorsum of the right leg.

Tearing cramp-pain in the dorsum of the foot, along the external calf as high as the thighs.

Tearing in the tips of the toes of the left foot, and under the nails when walking,

Sore pain in the knuckles of the toes and corns.

Skin :—

Violent itching, (from applying camphor externally.)

In the evening, when in bed, an itching in various places of the body.

Erysipelas, (from external application.)

Sleep :—

Frequent yawning.

Yawning and drowsiness.

Sopor and delirium.

Insomnia.

Emissions of semen, for several nights.

Dreams about his plans.

Headache, several days in succession, after rising.

(The inspirations are shorter than the expirations, during sleep.)

During his sleep, he mutters and sighs.

The whole night, he talks with a low voice, while asleep.

Snoring, while asleep, both during the inspirations and expirations.

When closing the eyes, during his slumber, he sees objects which at times seem to him too thick, at times too thin ; this apparent difference alternates with the pulse.

Fever :—

He is too sensitive to cold air.

He catches cold easily ; he is then attacked with chills, or with cutting in the abdomen, with discharge of black-brown, or black fæces, of the consistence and appearance of coffee sediment.

Shuddering with goose-flesh ; the skin all over the body is painful, even when touched but slightly.

Shuddering, chilliness and goose-skin over the whole body, for one hour (immediately.)

Frequent chilliness in the back.

Slight shuddering, with paleness of face.

Chilliness of the cheeks and back.

Chilliness over the whole body.

Chills, and chattering of teeth.

Coldness of the body, with paleness

Coldness and drawing after a meal, with cold arms, hands and feet.

Coldness, for one hour, with deadly paleness of the face (from sixty grains.)

The body is cold all over.

(Fever : violent chilliness with chattering of teeth and much thirst ; after the chilliness he drops to sleep immediately ; the sleep is frequently interrupted, there is almost no subsequent heat.)

Heat in the head, with sensation as if sweat would break out, with shuddering over the limbs and the abdomen.

Redness of the cheeks and lobules.

Heat about the head, on the hands and feet, without thirst.

Sopor and clawing (contractive) headache, great heat of the whole body, with distended veins, very quick breathing and pain, as from bruises, of the back, but without thirst and pure taste.

Warm sweat on the forehead and the palms of the hands.

Warm sweat over the whole body.

Small, hard pulse, becoming more and more slow.

The pulse is slower by three beats ; by ten beats.

Weak, small pulse.

The pulse gradually increases in quickness.

By continuing to take strong doses of Camphor, the pulse became from ten to fifteen beats quicker, and hard.

After leaving off taking the strong doses of Camphor, the pulse became faster, for several days (very near ten,) without increase of animal heat.

Pulse accelerated by twenty-three beats.

Full, quick pulse.

Full, irritated pulse.

Disposition to inflammation.

Copious, cold sweat.

Feeling of great coldness over the whole body, and headache as if the brain were contracted, with pressure over the root of the nose.

Chilliness over the whole body, one and half hour after this, the warmth of the body increases.

Chilliness in the back, mingled with warmth, as if sweat would break out.

Feeling of heat in the face, with cold hands.

Increased warmth of the whole body, with redness of the face.

Agreeable warmth through the whole body.

Heat over the whole body, increasing to the highest pitch, when walking.

Heat, with trembling.

Sweat (smelling of Camphor.)

Very dry skin, even when in bed, with good appetite.

Trembling motion of the heart.

General Symptoms:—

Inexpressible uncomfortableness in the whole body.

On the first day most of the symptoms existed only, when only partially thinking of one's self—the tearing in different parts of the body was felt when dropping to sleep, and disappeared, especially the headache, as soon as he thought of his pain; next day, on the contrary, he was able to bring on pain by his imagination; or rather, he only felt it when thinking of himself with great attention; he felt best, when not thinking of himself at all.

Stupefaction of the senses, resembling a swoon.

Insensibility.

He strikes his breast and faints.

Loss of consciousness, tetanic spasm for a quarter of an hour, followed by sinking of the whole body, so that he can be scarcely kept upright, for a quarter of an hour; after vomiting, consciousness returns.

Dry feeling in and about the body, especially about the head and in the bronchial tubes.

Rheumatic, itching pain in all the muscles, especially between the scapulæ.

Pain of the periosteum of all the bones.

Difficult motion of the limbs.

Paralytic, relaxation of the muscles.

Excessive weakness.

March & April 1872.]

Camphora.

610
CALIM
VOL. 5 95
1872

Uncommon failing of strength, with yawning and stretching.

Relaxation and heaviness of the whole body.

Spasms. Convulsions. Violent convulsions.

Trembling.

[Peculiarities :—

Complaints predominant in internal parts.

Want of thirst predominant.

Saliva predominantly increased.

Acute taste.

Over-sensitiveness to pain.

Predominantly sour vomit.

Complaints predominant on fore-arm, on inner side of thigh, on patella, and on foot.

Diarrhoea predominantly painless.

Urine seldom and scanty. Inactivity of the kidneys seems to be characteristic of camphor, as that of the rectum of opium.—*Hering.*

Aggravation, afternoon and night.

Worse from sun-light.

Worse from sleep.

Worse from drinking wine and coffee.

Worse when lying on side.

Worse after stool.

Worse when closing the eyes.

Worse from cold, growing cold and in cold weather, out-doors, from uncovering.

Worse when moving.

Worse when sitting bent forward.

Worse from pressure.

Better from warmth, from growing warm, and in warm air, indoors, from wrapping up, in bed and from warmth of bed.

Better during rest, when lying on back, when standing, and sitting, and particularly sitting erect, and when assuming an erect position.

Better from rubbing and scratching.

Better when opening the eyes, and from drinking cold water.

Useful in ailments from cantharides, squill, and copper vapors.—*Gross's Comp. Mat. Med. by Hering.*

Note By Dr. Gray.

The sufferings which eminently indicate Camphor are those usually called asphyxia, "sinking of the forces;" paroxysms of embarrassment of the respiration and circulation, with coldness of the surface and extremities, for the most part attended by tremors or even severe cramps in the muscular system, and cold sweats, especially about the head and neck. If this or a similar state be connected with catarrhal discharges, or with diarrhoea, the indication for Camphor is strengthened.

It seems to me that the manifold antidotal virtues of this drug are owing to its wonderful control over the pneumogastric nerve as its primary affinity with the living organism.

I have found it often efficacious in interrupting the development of paroxysms of epilepsy, for which end I have given it in one or two

drop doses every three to five minutes, during the premonitory symptoms of a fit, continuing the exhibition of it till these were fully subdued.

Camphor, as is well known, is very efficacious when administered by olfaction, but does not sustain dynamization.

Pathological Anatomy (animals).

Inflammation of the membranes of the brain, violent congestion of the membranes of the brain and of the brain.

Softening of the brain.

The vessels of the spinal marrow are turgid with blood.

Inflammation of the stomach ; excessive accumulation of mucus in the stomach ; the inner coat of the stomach is either very red, or else dotted with black spots of the size of millet seeds, and as if gangrened.

Similar spots are seen in the duodenum ; enteritis.

Considerable effusion of bile into the lesser intestines.

Inflammation of the urinary passages, of the urethra and spermatic cords.

Reddish foam in the trachea and the bronchial tubes.

Considerable accumulation of the reddish serum, mixed with flocks of coagulable fibrin in the thoracic cavity.

Inflammation of the pleura costalis, and roughness of the same.

Inflammation of the lungs ; bright-red lungs ; dark-blue lungs, with reddish and white streaks, somewhat puffed, loose and congested with blood.

Carditis ; blue spots on the heart ; the substance of the heart is soft and the muscular fibres are pale.

Tar-like, viscid blood in the right ventricle, the left is empty ; both cavities of the heart are considerably distended with blood separated into fibrin and cruor ; dark-red blood in the left ventricle.

In some of the vessels the blood is fluid, in others coagulated.

Inflammation of the vessels ; the pulmonary arteries are red internally, the pulmonary veins are blackish.

(Every organ in the body, even the membranes of the brain, smell strongly of Camphor.)

22—CANNABIS SATIVA.

Nat. Ord.: Urticacæ, or as Lindley would have it, Cannabinacæ, for this author resolves the old order Urticacæ into several distinct orders, of which Cannabinacæ is one.

Varieties: *Cannabis Sativa* and *Cannabis Indica* seem to be but varieties of the same species.

The proving of which Hahnemann has left a record is that of the *Cannabis Sativa*. We have not got any complete proving of the *Cannabis Indica*. All the provings that we possess of this variety are extremely imperfect. Nevertheless a comparison of the provings of both the varieties shows that the *Cannabis Sativa*, if not altogether devoid of neurotic properties, is, as a narcotic, infinitely less energetic than the *Cannabis Indica*. This constitutes a great, if not a specific, difference; and thus much we must say that we have invariably used the Indian variety in place of the European variety, with as much success as if we have been using the latter. For obvious reasons the latter cannot be used in place of the former. We would therefore recommend a thorough proving of the Indian variety, and, if justified by it, the abolition of the European variety from the Pharmacopœia; for it must be admitted that the multiplication of similarly acting drugs is a useless encumbrance and therefore a mischievous nuisance, when there is really no specific difference between them.

Habitat: The *Cannabis Sativa* is indigenous in Europe, even in high northern latitudes. The *Cannabis Indica* is abundant in Persia and India.

Off. Prep. Of the *Can. S.* the tincture is prepared from the juice of the fresh plant. Of the *Can. I.* we should recommend a tincture from the dried (but not very old) flowering tops of the female plant. We would not recommend a tincture from the extracted resin.

Old School Uses: Dr. (now Sir) W. O'shaughnessy was the first to bring it prominently to the notice of the profession, and we cannot do better than give the following extracts from his Bengal Dispensatory, the more so, as they contain very valuable physiological experiments with the drug:—

Expt. 1.—Ten grains of Nipalese *Churru*, dissolved in spirit were given to a middling sized dog. In half an hour he became stupid and sleepy, dozing at intervals, starting up, wagging his tail as if extremely contented, he ate some food greedily, on being called to he staggered to and fro, and his face assumed a look of utter and helpless drunkenness. These symptoms lasted about two hours, and then gradually passed away; in six hours he was perfectly well and lively.

Expt. 2.—One drachm of *Majoon* was given to a small sized dog, he ate it with great delight, and in twenty minutes was ridiculously drunk; in four hours his symptoms passed away, also without harm.

Expt. 3, 4, & 5.—Three kids had ten grains each of the alcoholic extract of *Gunjah*. In one no effect was produced; in the second there was much heaviness, and some inability to move; in the third a marked alteration of countenance was conspicuous, but no further effect.

Expt. 6.—Twenty grains were given, dissolved in a little spirit, to a dog of very small size. In a quarter of an hour he was intoxicated, in half an hour he had great difficulty of movement; in an hour he had lost all power over the

hinder extremities, which were rather stiff but flexible; sensibility did not seem to be impaired, and the circulation was natural. He readily acknowledged calls by an attempt to rise up. In four hours he was quite well.

In none of these or several other experiments was there the least indication of pain, or any degree of convulsive movement observed.

It seems needless to dwell on the details of each experiment; suffice it to say that they led to one remarkable result—That while carnivorous animals and fish, dogs, cats, swine, vultures, crows, and adjutants, invariably and speedily exhibited the intoxicating influence of the drug, the graminivorous, such as the horse, deer, monkey, goat, sheep, and cow, experienced but trivial effects from any dose we administered.

Encouraged by these results, no hesitation could be felt as to the perfect safety of giving the resin of hemp an extensive trial in the cases in which its apparent powers promised the greatest degree of utility.

Cases of Rheumatism treated by Hemp.

The first cases selected were two of acute rheumatism, and one of that disease in the chronic form. In the two former but little relief had been derived from a fair trial of antiphlogistic measures, and Dover's powder with antimonials—In the last case, sarsaparilla at first, and subsequently the Hemidesmus Indicus with warm baths had been tried without advantage.

On the 6th November, 1838, one grain of the resin of Hemp was administered in solution, at 2 p. m. to each of these three patients.

At 4 p. m. it was reported that one was becoming very talkative, was singing songs, calling loudly for an extra supply of food, and declaring himself in perfect health. The other two patients remained unaffected.

At 6 p. m. received a report to the same effect, but stating that the first patient was now falling asleep.

At 8 p. m.—alarmed by an emergent note from Nobinchunder Mitter, the clinical clerk on duty, describing the patient's symptoms as very peculiar and formidable; went to the Hospital without delay, and found him lying on his cot quite insensible, but breathing with perfect regularity, his pulse and skin natural, and the pupils freely contractile on the approach of light.

On examining the other patients—found one asleep, the third awake, intelligent, and free from any symptoms of intoxication or alarm.

Returning then to the first, an emetic was directed to be prepared, and while waiting for it, on lifting up the patient's arm, the professional reader will judge of our astonishment, when we found that it remained in the posture in which we placed it. It required but a very brief examination of the limbs to find that the patient had by the influence of this narcotic been thrown into that strange and most extraordinary of all nervous conditions, into that state which so few have seen, and the existence of which so many still discredit—the genuine *cataplexy* of the nosologist.

To return to our patient, we raised him to a sitting posture, and placed his arms and limbs in every imaginable attitude. A waxen figure could not be more pliant or more stationary in each position, no matter how contrary to the natural influence of gravity on the part.

To all impressions he was meanwhile almost insensible; he made no sign of understanding questions, and could not be aroused. A sinapism to the epigastrium caused no evidence of pain. The pharynx and its coadjutor muscles acted freely in the deglutition of the stimulant remedies which we thought it advisable to administer, although the manifest cataleptic state had freed us altogether of the anxiety under which we before laboured.

The second patient had meanwhile been roused by the noise in the ward, and seemed vastly amused at the strange aspect of the statue-like attitudes in which the first patient had been placed, when on a sudden he uttered a loud peal of laughter, and exclaimed that four spirits were springing with his bed into the air. In vain we attempted to pacify him; his laughter became momentarily more and more uncontrollable. We now observed that the limbs were rather rigid, and in a few minutes more his arms or legs could be bent, and would remain in any desired position. A strong stimulant drink was immediately given, and a

sinapism applied. Of the latter he made no complaint, but his intoxication led him to such noisy exclamations, that we had to remove him to a separate room; here he soon became tranquil, his limbs in less than an hour gained their natural condition, and in two hours he said he was perfectly well and very hungry.

The first patient continued cataleptic till 1 A. M., when consciousness and voluntary motion quickly returned, and by 2 A. M. he was exactly in the same state as the second patient.

The third man experienced no effect whatever, and on further inquiry it was found that he was habituated to the use of *Ganjah* in the pipe.

On the following day we found with much pleasure that both the individuals above-mentioned were not only uninjured by the narcotic, but much relieved of their rheumatism; they were discharged quite cured in three days after.

The fourth case of trial was an old muscular cooly, a rheumatic malingerer, and to him half a grain of hemp resin was given in a little spirit. The first day's report will suffice for all.—In two hours the old gentleman became talkative and musical, told several stories, and sang songs to a circle of highly delighted auditors, ate the dinners of two persons subscribed for him in the ward, sought also for other luxuries we can scarcely venture to allude to, and finally fell soundly asleep, and so continued till the following morning. On the noon-day visit, he expressed himself free from headache or any other unpleasant sequel, and begged hard for a repetition of the medicine; in this he was indulged for a few days, and then discharged.

In several cases of acute and chronic rheumatism admitted about this time, half-grain doses of the resin were given, with closely analogous effects;—alleviation of pain in most—remarkable increase of appetite in all—unequivocal aphrodisia, and great mental cheerfulness. The disposition developed was uniform in all, and in none was headache or sickness of stomach a sequel of the excitement.

Case of Hydrophobia.

"On the 22nd November at 8 A. M., a note in English was handed to me by my servant, entreating my assistance for the Hakim Abdullah, then at my gate, who had been bitten by a rabid dog three weeks before, and who feared that the miserable consequences of the bite already had commenced. I found the poor man in a carriage; he was perfectly composed, though quite convinced of the desperate nature of his case. He told me that the evening before, on passing near a tank he started in alarm, and since then was unable to swallow liquid. His eye was restless, suspicious, and wild, his features anxious, his pulse 125, the skin bedewed with cold moisture; he stated nevertheless that he wished for food, and felt well;—a small red and painful cicatrix existed on the left forearm.

"He was immediately removed to the Hospital, where I accompanied him. By his own desire water was brought in a metallic vessel, which he grasped and brought near his lips;—never can I forget the indescribable horrors of the paroxysm which ensued. It abated in about three minutes, and morbid thirst still goading the unhappy man, he besought his servant to apply a moistened cloth to his lips. Intelligent and brave, he determinately awaited the contact of the cloth, and for a few seconds, though in appalling agony, permitted some drops to trickle on his tongue,—but then ensued a second struggle, which, with a due share of the callousness of my profession, I could not stand by to contemplate.

"Two grains of hemp resin in a soft pillular mass were ordered every hour; after the third dose he stated that he felt commencing intoxication—he now chatted cheerfully on his case, and displayed great intelligence and experience in the treatment of the very disease with which he was visited. He talked calmly of drinking, but said it was in vain to try—but he could suck an orange; this was brought to him, and he succeeded in swallowing the juice without any difficulty.

"The hemp was continued till the sixth dose, when he fell asleep, and had some rest. Early the ensuing morning, however, Mr. Siddons, my assistant, was called up to him, and found him in a state of tumultuous agony and excitement; tortured by thirst he attempted to drink,—but I will spare the reader the details of the horrors which ensued.

"The hemp was again repeated, and again by the third dose the cheering alleviation of the previous day was witnessed. He ate a piece of sugar cane, and again swallowed the juice—he partook freely of some moistened rice, and permitted a purgative enema to be administered. His pulse was nearly natural, the skin natural in every respect. His countenance was happy. On *one* subject only was he incoherent, and even here was manifested the powerful and peculiar influence of the narcotic. He spoke in raptures of the inmates of his *zenana*, and his anxiety to be with them. We ascertained however that he had no such establishment.

"Four days thus passed away, the doses of hemp being continued. When he fell asleep, on waking the paroxysms returned, but were again almost immediately assuaged as at first. Meanwhile purgative enemata were employed, and he partook freely of solid food, and once drank water without the least suffering. But about 3 p. m. of the fifth day he sunk into profound stupor, the breathing slightly stertorous; in this state he continued, and without further struggle death terminated his sufferings at 4 a. m. on the 27th November.

"Reviewing the preceding summary of this interesting case, it seems evident that at least one advantage was gained from the use of the remedy—the awful malady was stripped of its horrors;—if not less fatal than before, it was reduced to less than the scale of suffering which precedes death from most ordinary diseases. It must be remembered too, that in this the first case ever so treated, I possessed no data to guide me as to the dose or manner of administration of the drug. The remarkable cases of tetanus detailed in the sequel, throw light on these important points, and will lead in future cases to the unhesitating administration of much larger quantities than at first I ventured to employ. I am not however rash enough to indulge the hope which involuntarily forces itself upon me, that we will ever from this narcotic derive an effectual remedy, for even a solitary case of this disease—but next to cure, the physician will perhaps esteem the means which enable him 'to strew the path to the tomb with flowers,' and to divest of its *specific* terrors the most dreadful malady to which mankind is exposed."

While the preceding case was under treatment, and exciting the utmost interest in the school, several pupils commenced experiments on themselves, to ascertain the effects of the drug. In all, the state of the pulse was noted before taking a dose, and subsequently the effects were observed by two pupils of much intelligence. The result of several trials was, that in as small doses as the quarter of a grain, the pulse was increased in fullness and frequency; the surface of the body glowed; the appetite became extraordinary; vivid ideas crowded the mind; unusual loquacity occurred; and with scarcely any exception great aphrodisia was experienced.

In one pupil, Dinonath Dhur, a retiring lad of excellent habits, ten drops of the tincture, equal to a quarter of a grain of the resin, induced in twenty minutes the most amusing effects.

A shout of loud and prolonged laughter ushered in the symptoms, and a transitory state of cataleptic rigidity occurred for two or three minutes. Summoned to witness the effects, we found him enacting the part of a Raja giving orders to his courtiers; he could recognize none of his fellow students or acquaintances; all to his mind seemed as altered as his own condition; he spoke of many years having passed since his student's days; described his teachers and friends with a piquancy which a dramatist would envy; detailed the adventures of an imaginary series of years, his travels, his attainment of wealth and power. He entered on discussions on religious, scientific, and political topics, with astonishing eloquence, and disclosed an extent of knowledge, reading, and a ready apposite wit, which those who know him best were altogether unprepared for. For three hours and upwards he maintained the character he at first assumed, and with a degree of ease and dignity perfectly becoming his high situation. A scene more interesting it would be difficult to imagine. It terminated nearly as abruptly as it commenced, and no headache, sickness, or other unpleasant symptom followed the innocent excess.

Dr. Goodeve and more than thirty students were present at this renee.

In the symptoms above described, we are unavoidably led to trace a close resemblance to the effects produced by the reputed inspiration of the Delphic Oracles—perhaps it would not be very erroneous to conclude, that it was referable to the same kind of excitement.

Use in Cholera.

An epidemic cholera prevailing at this period, two of the students administered the tincture of hemp in several cases of that disease, and cures were daily reported by its alleged efficacy. Dr. Goodeve was thus led to try it in several cases, and his report was in the highest degree favorable. The diarrhoea was in most instances checked, and the stimulating effects of the drug clearly manifested. The Durwan of the College, an athletic Rajpoot, was attacked, and came under our treatment after he had been ill seven hours; he was pulseless, cold, and in a state of imminent danger, the characteristic evacuations streaming from him without effort—half a grain of the hemp resin was given, and in twenty minutes the pulse returned, the skin became warm, the purging ceased, and he fell asleep. In an hour he was cataleptic, and continued so for several hours. In the morning he was perfectly well and at his duty as usual.

It is but fair to state, however, that the character of the epidemic was not at the time malignant. We admit the cases to be inconclusive, but we conceive them to be promising, and that they deserve the due attention of practitioners.

Use in Tetanus.

The first case of this disease treated by hemp was that of Ramjan Khan, set: 30, admitted to the College Hospital on the 13th December 1838, for a sloughing ulcer on the back of the left hand. Five days previously a native empiric had applied a red hot *gool* (the mixture of charcoal and tobacco used in the hookah) to the back of the left wrist, as a remedy for chronic dysentery and spleen. The patient's brother was similarly cauterized on the same day. In both sloughing took place down to the tendons. Symptoms of tetanus occurred on the 24th December. The brother who had refused to avail himself of European aid, had been seized with tetanus at his own home four days previously, and died after three days illness. On the 26th of December spasms set in, and recurred at intervals of a few minutes; the muscles of the abdomen, neck, and jaws, became firmly and permanently contracted. Large doses of opium with calomel having been administered for some hours, without the least alleviation of symptoms, and his case having on consultation been pronounced completely hopeless, we obtained Mr. Egerton's permission to subject the poor man to the trial of the hemp resin. Two grains were first given at 2½ p. m., dissolved in a little spirit. In half an hour the patient felt giddy, at 5 p. m. his eyes were closed, he was sleepy, and expressed himself much intoxicated.

He slept at intervals during the night, but on waking had convulsive attacks.

On the 27th, two grains were given every third hour, (a purgative enema was also administered, which operated three times) the stiffness of the muscles became much less towards evening, but the spasms returned at intervals as before. Pulse and skin natural.

28th.—Improved; is lethargic but intelligent. Spasms occasionally recur, but at much longer intervals, and in less severity.

29.—Dose of hemp increased to three grains every second hour. Symptoms moderating.

30.—Much intoxicated, continues to improve.

1st January 1839.—A hemp cataplasm applied to the ulcer, and internal use of remedy continued; towards evening was much improved; spasms trivial, no permanent rigidity; had passed two *dysenteric stools*.

2nd.—*Morning report.* Has passed a good night, and seems much better. Hemp continued. Evening report. Doing remarkably well.

3rd, 4th, and 5th.—Continues to improve. Hemp resin in two grain doses every fifth hour.

6th.—5 p. m. Feverish, skin hot, pulse quick, all tetanic symptoms gone, passing mucous and bloody stools; leeches to abdomen, a starch and opium

enema with three grains of acetate of lead, every second hour ; tepid sponging to the body. Hemp omitted.

7th.—6 A. M. Still feverish, stools frequent, mucous ; abdomen tender on pressure. No appetite. The ulcer sloughy, ragged, and offensive. Opium and acetate of lead continued. Abdomen leeches. Sore dressed with water. At noon there was slight rigidity of abdominal muscles. Hemp resumed. At 3 P. M. became intoxicated and hungry, ulcer extremely dry, foul, and abominably fetid—towards evening rigidity ceased. Hemp discontinued.

From this day the tetanus may be considered to have ceased altogether, but the dysenteric symptoms continued, despite of the use of opium and acetate of lead ; the ulcer too proved utterly intractable. Some improvement in the dysenteric symptoms occurred from the 10th to the 15th, when natural stools were passed. He seemed gaining strength, but the wound was in no wise improved, the slough on the contrary threatened to spread, and two metacarpal bones lay loose in the centre of the sore ; on consultation it was agreed to amputate the arm, but to this the patient peremptorily objected. The mortification now spread rapidly, and he died of exhaustion on the night of the 23rd January.

An unprejudiced review of the preceding details exhibits the sedative powers of the remedy in the most favorable light ; and although the patient died, it must be remembered that it was of a different disease, over which it is not presumed that the hemp possessed the least power.

The second case was that of Chunoo Syce, (treated by Mr. O'Brien at the Native Hospital), in whom tetanus supervened on the 11th December, after an injury from the kick of a horse. After an ineffectual trial of turpentine and castor oil in large doses, two grain doses of hemp resin were given on the 26th November. He consumed in all 134 grains of the resin, and left the Hospital cured on the 28th December.

Third case, Hurroo, a female, æt : 25, admitted to the Native Hospital on 16th December, had tetanus for the three previous days, the sequel of a cut on the left elbow received a fortnight before. Symptoms violent on admission. Turpentine and castor oil given repeatedly without effect ; on the 16th and 17th, three grains of hemp resin were given at bed-time. On the morning of the 18th she was found in a state of complete catalepsy, and remained so until evening, when she became sensible, and a tetanic paroxysm recurred. Hemp resumed, and continued in two grain doses every fourth hour. From this time till the third hour tetanic symptoms returned. She subsequently took a grain twice daily till the 8th of February, when she left the Hospital apparently quite well.

Mr. O'Brien has since used the hemp resin in five cases, of which four were admitted in a perfectly hopeless state. He employed the remedy in *ten grain doses* dissolved in spirit. The effect he describes as almost immediate relaxation of the muscles, and interruption of the convulsive tendency. Of Mr. O'Brien's seven cases, four have recovered.

In the Police Hospital of Calcutta, the late Dr. Bain has used the remedy in three cases of traumatic tetanus, of these one has died and two recovered.

A very remarkable case has recently occurred in the practice of Mr. Richard O'Shaughnessy of Calcutta. The patient was a Jew, æt : 30, attacked with tetanus during the progress of a sloughing sore of the scrotum, the sequel of a neglected hydrocele. Three grain doses were used every second hour, with the effect of inducing intoxication and suspending the symptoms. The patient has recovered perfectly, and now enjoys excellent health.

The preceding facts are offered to the professional reader with unfeigned diffidence, as to the inferences we feel disposed to derive from their consideration. They seem to us unequivocally to shew, that when given boldly and in large doses, the resin of hemp is capable in many cases of arresting effectually the progress of this formidable disease.

The facts are such at least as justify the hope that the virtues of the drug may be widely and severally tested in the multitudes of these appalling cases which present themselves in all Indian Hospitals.

Case of Infantile Convulsions.

A very interesting case of this disease has recently occurred in my private practice ; the particulars of which I have the permission of the family to insert in this essay.

"A female infant, forty days old, the child of Mr. and Mrs. J. L. of Calcutta, on the 10th September had a slight attack of convulsions, which recurred chiefly at night for about a fortnight, and for which the usual purgatives—warm baths and a few doses of calomel and chalk—were given without effect. On the 23rd the convulsive paroxysms became very severe, and two leeches were applied to the head. Leeches, purgatives, and opiates were alternately resorted to, and without the slightest benefit, up to the 30th of September.

"On that day the attacks were almost unceasing, and amounted to regular tetanic paroxysms. The child had moreover completely lost appetite, and was emaciating rapidly.

"I had by this time exhausted all the usual methods of treatment, and the child was apparently in a sinking state.

"Under these circumstances I stated to the parents the results of the experiments I had made with the hemp, and my conviction that it would relieve their infant, if relief could possibly be obtained.

"They gladly consented to the trial, and a single drop of the spirituous tincture, equal to the one-twentieth part of a grain in weight, was placed on the child's tongue at 10 P. M. No immediate effect was perceptible, and in an hour and a half two drops more were given. The infant fell asleep in a few minutes, and slept soundly till 4 P. M. when she awoke, screamed for food, *took the breast freely*, and fell asleep again. At 9 A. M., 1st October. I found the child fast asleep, but easily roused; the pulse, countenance, and skin perfectly natural. In this drowsy state she continued for four days, totally free from convulsive symptoms in any form. During this time the bowels were frequently spontaneously relieved, and the appetite returned to the natural degree.

"October 4th. At 1 A. M. convulsions returned, and continued at intervals during the day;—five drop doses of the tincture were given hourly. Up to midnight there were thirty fits, and forty-four drops of the tincture of hemp were ineffectually given.

"October 5th. Paroxysms continued during the night. At 11 A. M. it was found that the tincture in use during the preceding days had been kept by the servant in a small bottle with a paper stopper; that the spirit had evaporated, and the whole of the resin settled on the sides of the phial. The infant had in fact been taking drops of "water" during the preceding day.

"A new preparation was given in three drop doses during the 5th and 6th, and increased to eight drops with the effect of diminishing the violence, though not of preventing the return of the paroxysm.

"On the 7th, I met Dr. Nicolson in consultation, and despairing of a cure from the hemp, it was agreed to intermit its use, to apply a mustard poultice to the epigastrium, and to give a dose of castor oil and turpentine. The child, however, rapidly became worse, and at 2 P. M. a tetanic spasm set in which lasted without intermission till 6½ P. M. A cold bath was given without solution of the spasm—the hemp was therefore again resorted to, and a dose of 30 drops, equal to 1½ grains of the resin, given at once.

"Immediately after this dose was given the limbs relaxed, the little patient fell fast asleep, and so continued for thirteen hours. While asleep she was evidently under the narcotic influence of the drug.

"On the 8th October, at 4 A. M. there was a severe fit, and from this hour to 10 at night twenty-five fits occurred, and 130 drops of the tincture were given in 30 drop doses, equal to 15 grains of the resin. It was now manifestly a struggle between the disease and the remedy, but at 10 P. M. she was again narcotised, and from that hour no fit returned.

"On the three following days there was considerable griping, and on administering large doses of almond oil, several small dark green lumps of the hemp resin were voided, which gave effectual relief. The child is now (17th December) in the enjoyment of robust health, and has regained her natural plump and happy appearance.

"In reviewing this case, several very remarkable circumstances present themselves. At first we find three drops, or one-twentieth of a grain, causing profound narcotism, subsequently we find 130 drops daily require to produce the same effect. The severity of the symptoms doubtless must be taken chiefly into

account, in endeavouring to explain this circumstance. It was too soon for habit to gain ascendancy over the narcotic powers of the drug. Should the disease ever recur, it will be a matter of much interest to notice the quantity of the tincture requisite to afford relief. The reader will remember, that this infant was but sixty days old when 130 drops were given in one day, of the same preparation of which ten drops had intoxicated the student Dinonath Dhur, who took the drug for experiment. 130 drops are equal again to 15 grains of the resin, one grain of which occasioned profound trance (or catalepsy) in two men labouring under rheumatism."

Use in Delirium Tremens.

We have given the tincture of hemp a very extensive trial in this disease, and have had much reason to be gratified with its effects. In action it resembles opium and wine, but is much more certain than these remedies. In the cases in which the opium treatment is applicable, hemp will be found far more effectual. The changed state of mind it produces is truly wonderful. From the appalling terror which generally predominates, the patient soon passes into a stage of cheerful and often boisterous mirth, and sinks into a happy sleep. Of course there are many cases in which this or any other narcotic should not be used, and like all other powerful remedies its usefulness must depend on the discrimination with which it is employed.

Insanity occasioned by continued Hemp Inebriation.

Before quitting this subject, it is desirable to notice the singular form of insanity which the incautious use of the hemp preparations often occasions, especially among young men who try it for the first time. Several such cases have presented themselves to our notice. They are as peculiar as the "delirium tremens," which succeeds the prolonged abuse of spirituous liquors, but are quite distinct from any other species of madness with which we are acquainted.

This state is at once recognized by the strange balancing gait of the patient, a constant rubbing of the hands, perpetual giggling, and a propensity to caress and chafe the feet of all by-standers, of whatever rank. The eye wears an expression of cunning and merriment which can scarcely be mistaken. In a few cases, the patients are violent; in many, highly aphrodisiac; in all that we have seen, voraciously hungry. There is no increased heat or frequency of circulation, or any appearance of inflammation or congestion, and the skin and general functions are in a natural state.

A blister to the nape of the neck, leeches to the temples, and nauseating doses of tartar emetic with saline purgatives have rapidly dispelled the symptoms in all the cases we have met with, and have restored the patient to perfect health.

Doses, &c.—In *Tetanus*, a drachm of the tincture every half hour until the paroxysms cease, or catalepsy is induced. In *Hydrophobia* we would recommend the resin in soft pills, to the extent of ten to twenty grains to be chewed by the patient, and repeated according to the effect. In *Cholera*, 30 drops of the tincture every half hour will be often found to check the vomiting and purging, and bring back warmth to the surface. Our experience would lead us to prefer small doses of the remedy in order to excite, rather than narcotise, the patient.

The resinous extract is prepared by boiling the rich, adhesive tops of the dried *gunjak* in spirit (Sp. gr. 835.) until all the resin is dissolved. The tincture thus obtained is evaporated to dryness in a vessel placed over a pot of boiling water. The extract softens at a gentle heat, and can be made into pills without any addition.

The tincture is prepared by dissolving the extract in proof spirit.

Concordances.

Moral and intellectual faculties.—Acon. aur. BELL. calc. coc. con. hyosc. ignat. LYC. merc. natr. n-vom. OP. phosph. PH-AC. plat. PULS. rhus. sep. sil. STRAM. sulph. VERATR.

Seat of the diseases.—Ant-tart. arn. bell. bry. calc. CAUST. chin. con. dulc. euphr. HEP. ignat. kali. lyc. merc. n-vom. PHOSPH. PULS. rhus. ruta. sep. sil. staph. SULPH. sulph-ac. veratr. zinc.

Morbid states and sensations.—*Acon.* *anac.* *arn.* *ars.* *BELL.* *bry.* *calc.* *canth.* *caust.* *cham.* *chin.* *cocc.* *con.* *dulc.* *graph.* *hyosc.* *ignat.* *ipec.* *laur.* *lyc.* *merc.* *n-mosch.* *N-VOM.* *phosph.* *plat.* *puls.* *rhus.* *sep.* *sil.* *spig.* *spoug.* *stann.* *sulph.* *sulph-ac.* *VERATR.*

Glands.—*Bell.* *phosph.*

Bones.—*Cocc.* *hep.* *puls.* *ruta.*

Skin.—*Acon.* *arn.* *ars.* *bell.* *bry.* *calc.* *carb-an.* *caust.* *chin.* *cocc.* *creos.* *graph.* *kali.* *lyc.* *merc.* *mezer.* *nitr-ac.* *n-vom.* *phosph.* *plat.* *puls.* *RHUS.* *sabad.* *sec-corn.* *sep.* *sil.* *staph.* *sulph.* *veratr.*

Sleep and dreams.—*Bism.* *chin.* *hep.* *natr.* *n-vom.* *sabad.* *sep.* *sil.*

Pyrosis.—*Acon.* *ars.* *BRY.* *merc.* *puls.* *RHUS.* *sulph.* *VERATR.*

Time.—*Ars.* *ferr.* *hep.* *mang.* *natr.* *n-vom.* *sabad.* *sep.* *sil.* *sulph-ac.*

Exacerbations.—*Acon.* *agar.* *ang.* *ant-tart.* *ARN.* *ars.* *bell.* *BRY.* *calad.* *caps.* *carb-veg.* *caust.* *cham.* *chin.* *cocc.* *colch.* *con.* *ferr.* *hep.* *ignat.* *jod.* *kali.* *led.* *LYC.* *merc.* *NATR-MUR.* *nitr-ac.* *N-VOM.* *oleand.* *phosph.* *ph-ac.* *PULS.* *ran-bulb.* *RHUS.* *selen.* *sep.* *sil.* *spig.* *stann.* *staph.* *SULPH.* *viol-tr.*

Concordances in general.—*Acon.* *ant-tart.* *arn.* *ars.* *BELL.* *BRY.* *calc.* *carb-veg.* *caust.* *cham.* *chin.* *cocc.* *colch.* *con.* *dulc.* *ferr.* *graph.* *hep.* *hyosc.* *ignat.* *jod.* *kali.* *led.* *LYC.* *mang.* *MERC.* *mezer.* *natr.* *nat-mur.* *nitr-ac.* *N-VOM.* *op.* *PHOSPH.* *ph-ac.* *plat.* *PULS.* *ran-bulb.* *RHUS.* *ruta.* *sabad.* *SEP.* *SIL.* *spig.* *stann.* *staph.* *stram.* *SULPH.* *sulph-ac.* *VERATR.*

Antidotes.—*Camph.*

Hahnemann's Preface.

(Mix the recent juice squeezed out of the tops of the plant, while blossoming, either male or female, with an equal portion of spirits of wine, and, in a few days, pour off the superincumbent liquid.)

Heretofore the seed had been successfully used as an emulsion or decoction in the inflammatory stage of gonorrhœa, and, by older physicians, against some kinds of jaundice.

The curative powers of *Cannabis* in acute gonorrhœa, depend upon the faculty it possesses of producing a similar morbid condition in the urinary organs.

In the country inns in Persia, the herb is used in a very successful manner, to relieve the fatigue of travellers on foot (see Chardin, voyage en Perse;) this result depends likewise upon the homœopathic nature of the drug, as may be seen by symptoms.

Cannabis may be used with great success as a curative agent in various diseases of the genital organs, the chest, the organs of sense, etc.; this is evident from the following series of symptoms.

For a long while I have used a small portion of a drop of the undiluted tincture at a dose; but the medicinal powers of this plant are developed in a much higher degree, by dynamizing it up to the thirtieth potency, which is the highest potency now in use.

Pathogenetic Symptoms.

Mind :—

Nothing gives him any pleasure; he is indifferent to all things.

Low-spirited in the forenoon, cheerful in the afternoon.

Sadness.

Bright mood, as from an excitement by liquor.

Unsteadiness and vacillation of temper.

Anxious mood.

Even a little noise causes him to start.

Out of humor, especially in the afternoon.

Mental derangement, partly with merry, partly with serious mood.

He gets vehemently mad even at trifles.

Sometimes he is attacked with a furious frenzy, so that he spits into people's faces.

Uncertainty of the mind ; the ideas become overwhelmingly vivid.

Inability to recollect, without any imagination.

His ideas seem to stand still ; he stares ; he feels as if he were absorbed in higher thoughts, but he is not conscious of them ; accompanied by a slight sensation of headache in the region of the parietal bone.

He is indeed able to recollect this and that thing ; but his ideas remain stationary, while he is fixing with his mind's eye the subject that he intends to treat.

He frequently uses wrong expressions in writing.

Head:—

A poultice upon the head produced convulsions, subsultus tendinum, death.

Vertigo when standing, with dizziness.

Vertigo when walking, as if one would fall sideways.

Sensation as of turning, and stupid feeling in her head (immediately.)

Dullness and reeling sensation in the head.

Obtusion and gloominess of the head.

Agreeable warmth in the brain.

A sort of jerking sensation in the blood of the head, chest and stomach.

Considerable rush of blood to the head.

Rush of blood to the head, occasioning an agreeable warmth in the head, with headache in the temples.

Throbbing pain, extending into the right temple ; accompanied by a warmth around the head ; the cheeks are red and hot ; the nausea increases in the warmth.

Violent headache.

Piercing headache.

Uninterrupted headache the whole day.

Continual headache on the top of the head, as if a stone were pressing upon it.

Obtusion of the head ; it feels heavy ; she suffers with such a painful pressure on the forehead and eyelids, that they threatened to become closed.

Pressure under the frontal eminence deep through the brain into the occiput.

When in the opposite side, in the head.

Pressure in the temples.

Aching in the right side of the occipital bone.

Tension, first in the occiput, afterwards in the forehead, lastly in the temples.

Painful feeling in the head and nape of the neck, when moving the head.

Drawing pain in the occiput, towards the ear.

Painful constriction of the forepart of the head.

The forepart of the head feels compressed from the margin of the orbits as far as the temples ; stooping does not relieve the pain.

Throbbing from within outwards under the left frontal eminence ; shortly afterwards a stunning pressure is felt at this place.

Cold sensation at a small place of the parietal bone (afterwards also at other places of the head,) as if a drop of cold water had been dropped upon it.

Creeping in the skin of the hairy scalp.

A sort of titillating spasm in the temples.

Eyes :—

Sensation as if the eyebrow were being depressed.

Pressure, with tearing on the upper eyelid.

Alternate dilatation and contraction of the pupils in' one and the same light.

Feeling of weakness of the eyes and sight ; both near and distant objects are indistinct.

The cornea becomes non-transparent ; pellicle upon the cornea.

A circle of white-flaming irradiations by the side of the visual ray, which causes him to see objects only half and indistinctly.

Cataract.

Pressure from within outwards in the back part of the eyes.

Sensation of spasmodic drawing in the eyes.

(Scrofulous ophthalmia.)

Face :—

Slight jactitations in many places of the face, especially in the left buccinator muscle.

Pale countenance.

Drawing pressure in the region of the left zygoma.

Itching in different parts of the face.

Tingling, itching, and smarting as of salts, in the face.

(Hot face, with red cheeks.)

Nose :—

Large nodosity on the nose, surrounded by red swelling, like acne rosacea.

Itching swelling of the wing of the nose.

Dryness in the nose.

Stupefying pressure, as if with a dull point, on the root of the nose.

Feeling of warmth in the nose, as if it would bleed.

Hemorrhage from the nose, unto fainting.

Bleeding at the nose.

Ears :—

Roaring in the ears.

Sensation as if a pellicle were stretched across the ears.

Momentary pain, as if the ear were being pulled out of the head.

Intensely painful darting in the right tympanum, extending into the shoulder.

Pain, as from excoriation, in the external cartilage of the ear, which he had probably pressed upon somewhat when in bed at night.

Tingling in the ears.

Throbbing in the ear.

Throbbing, pushing pain in the ear, almost extending into the cheeks, disappearing when stooping, and quickly reappearing when raising the head again.

Stitches in the external meatus auditorius, when masticating.

Fine stitches in the left ear from within outwards.

Pain behind the ear, as if a dull point were being pushed in there with force.

Long, sharp stitches in the mastoid process.

Jaws and Teeth:—

Stupefying, compressive pain on the left side of the chin, which affects the teeth of that side.

Cramp-pain in the left teeth.

Grumbling in the ramus of the left lower jaw, always followed by a drawing sensation.

Grumbling pain in different teeth at the same time.

Mouth:—

Eruption in the vermilion border of the lips, and the corner of the mouth.

Pinching pressure in the cervical muscles above the throat.

Difficult speech.

His speech was more like a clangor than human voice.

He was unable to talk naturally; at times he lacked words, at times the voice itself failed him (for four hours;) towards evening the attacks returned; at times he uttered torrents of words, as if he were driven; at times he uttered the same expression ten times in one breath; sometimes he repeated the whole idea, and was very angry when he was not able to repeat it exactly as he had said it at first.

Elevation of voice, accompanied with excessive anguish and torture, owing to pain in the back.

Early in the morning, burning dryness in the palate.

Burning in the throat.

Dryness in the mouth; viscid saliva: absence of thirst, especially in the evening, and hot hands.

Appetite and Gastric Symptoms:—

While eating something which he relishes very much, and having nearly eaten enough of it, an inclination to vomit arises into his throat.

Gulping up of a bitter-sour, rancid fluid.

Tasteless water rises into the throat and gets into the larynx, which produces a suffocative sensation; however, there is neither nausea nor retching.

Eructation, with rising of a bitter-sour liquid into his mouth.

Rising of mere air.

A sort of retching sensation rises constantly into his throat, as if there were acidity in the stomach.

A sort of retching in the pit of the stomach, rising into his throat.

Nausea, she feels a desire to vomit.

Vomiting of a slimy, bitter-tasting water ; accompanied by a scraping sensation in the throat, followed by dullness and obtusion. of the occiput

Green, bilious vomiting.

Anguish in the pit of the stomach, with oppressed breathing and palpitation of the heart ; rising of warmth in her throat, arresting the breathing, as if something were lodged in the trachea, accompanied with flushes of heat.

Fulness in the abdomen, obliging one to take deep inspirations.

Cardialgia.

Pinching in the pit of the stomach.

Cutting in the pit of the stomach.

After stooping, a cutting sensation across the upper part of the stomach.

Uninterrupted, dull stitches in front, below the ribs, by the side of the pit of the stomach, sometimes varying in intensity ; the pain is momentarily diminished by moving the trunk either forwards, or backwards, but it soon returns.

Burning, painful stitches on the right side near the xiphoid cartilage.

In the left side, below the ribs, dull stitches during and between the inspirations.

Stomach:—

At different times violent attacks of pain in the stomach, with paleness of countenance and sweat of the same, pulse almost extinct and rattling breathing like that of a dying man.

Ulcerative pain of the stomach, when touching it ; it goes off after eating.

He feels as if he had caught cold in his stomach ; in the afternoon especially, he feels a moving and pinching in the abdomen ; without any diarrhoea.

Abdomen:—

Pinching above the umbilicus (after a meal.)

Sensation below the umbilicus as if he had caught cold, several mornings in succession, from 8 to 10 o'clock ; he felt a moving about in his abdomen, without diarrhoea.

Pinching in the abdomen and cutting in the loins.

Pinching in the whole abdomen.

Anxious throbbing in the epigastrium, like strong pulsations.

Pain on the right side near the umbilicus, as if there were a beating from within outwards.

Beating as with a little hammer, from within outwards, in the left side under the last ribs, towards the back.

Pain on the left side near the umbilicus and likewise by the side of the dorsal spine as if the parts were being pinched by a pair of pincers.

All the intestines are painful as if they were bruised.

Shaking of the intestines during a violent motion of the arms, as if they were loose.

A kind of sore itching in the region of the umbilicus, for several hours, which is much more painful after friction.

Tickling sensation of the integuments of the abdomen.

Shuddering in the abdomen, as if 'cold water were moving through it.

Squeezing from within outwards in the side of the abdomen.

Painful, hard swelling in the right hypochondrium.

Swelling of the abdomen, without any swelling of the lower limbs.

Abdomen and chest are painful externally.

Drawing pain from the region of the kidneys to the inguinal glands, with anxious and sick feeling in the pit of the stomach.

Ulcerative pain in the region of the kidneys, both when touching the parts or not.

Sharp pushes in the side of the abdomen, close below the ribs.

Quickly passing, pinching stitches in the abdomen.

Movement in the abdomen, followed by dull stitches in the left side, extending into the ear.

Incarceration of flatulence in the upper and lower parts of the abdomen, until evening, accompanied by colicky pains.

Painful jerkings in the abdomen in successive places, as if something alive were in it; accompanied by a drawing from the left to the right os innominatum, and thence into the knee; the pain remaining at the same time in the hip, where it is felt like pushes, with tearing.

In the evening, when in bed, she feels a few dull stitches in both sides of the abdomen; the pain then darts upwards along the back, terminating in stitches between the scapulae, and afterwards returning to the sides of the abdomen.

Intensely painful pushes over the left groin.

Pricking on the right side of the mons veneris.

A few darting pushes in the region of the pubic arcade, after which the region of the abdominal ring feels stretched wider, and the ring itself as if it were being pressed outwards.

Pressing from within outwards in the abdominal ring, accompanied by ulcerative pain.

Emission of a quantity of almost inodorous flatulence.

Colicky pains in the epigastrium, followed by diarrhoeic stool and smarting in the anus, as if the parts were excoriated.

Stool:—

Regular stool the first five days, complete obstruction the two next.

Pressing in the small of the back and rectum, as if the intestines were descending and were being pressed out, when sitting.

Sensation in the anus, as if something cold were dropping out along the skin.

Contractive pain in the anus; accompanied by a sensation as if the thighs were being drawn towards one another, so that she is obliged to close them.

Itching of the perineum.

Urinary Organs:—

Desire to urinate with aching pain.

(Chronic retention of urine.)

(Strangury, particularly at night.)

Urine white and turbid.

Difficulty to urinate ; paralysis of the bladder.*

Urine full of filaments as if pus had been mixed with it.

Enuresis : he is obliged to urinate frequently, at short intervals, emitting a large quantity of urine resembling water, (immediately.)

Tearing, as if in the fibres of the urethra, like zigzag.

Itching, tingling stitches in the forepart of the urethra.

Burning stitches in the prosterior portion of the urethra, during the emission of urine.

Pain, during micturition, from the orifice of the urethra until its termination at the bladder; burning-smarting, rather stinging posteriorly.

Simple, but violent burning in the forepart of the urethra, during the emission of urine.

Burning in the orifice of the urethra during micturition.

Burning during micturition, especially immediately afterwards.

Burning during micturition, especially however afterwards, and worst in the evening.

During micturition he feels a pain from the glans to the termination of the urethra, burning in the beginning, and afterwards smarting.

Between the acts of micturition a sort of burning pain in the forepart of the urethra, exciting a constant desire to urinate, although there is no urine left in the bladder.

Stinging-smarting pain during micturition ; biting pain between the acts of micturition.

Between the acts of micturition, a desire for an emission of urine in the forepart of the urethra.

Stitches along the urethra, between the acts of micturition.

Darting stitches in the posterior portion of the urethra, when standing.

Burning in the whole of the urethra, at the commencement and termination of micturition.

Fine stitches, with a sensation as of pecking, in the forepart of the urethra, between the acts of micturition.

Cutting pain in the forepart of the urethra, during micturition.

Discharge of watery mucus from the urethra.

Painless discharge of clear, transparent mucus from the urethra, (prostatic juice ?) without erection.

Closing of the orifice of the urethra by mucus, which becomes visible when pressing upon the part.

The penis is somewhat swollen, without erection.

The urethra feels inflamed, and is painful through the whole of its length, when touching it ; tensive pain during an erection.

Spreading stream.

Frequent erections, followed by stitches in the urethra.

* The urine had to be drawn off by the catheter ; but afterwards it could not even be drawn off by the catheter, on account of its becoming clogged with mucus and pus.

Painless discharge of mucus from the urethra (a kind of gonorrhœa?)
 (Painful discharge of drops of bloody urine.)
 (Calculi in the bladder.)
 (Inflammation of the kidneys and bladder.)

Genital Organs:—

Swelling of the glans and penis ; a sort of erection without sensation.

Coldness of the genital organs, with warmth of the rest of the body (on the same day, continuing three days.)

Aversion to an embrace.

Swelling of the right and lower side of the prepuce.

Swelling of the frænulum and prepuce, especially at their union.

Agreeable itching of the margin of the prepuce, and the orifice of the urethra.

Disagreeable itching of the anterior border of the right side of the prepuce, more towards the inner side ; it becomes pleasant during and after scratching.

Itching of the lower part of the prepuce and the frænulum, with some redness and humor behind the corona glandis.

The whole prepuce is dark-red, hot and inflamed.

Smarting, as from excoriation, of the margin and inner side of the prepuce.

Continual burning of the whole prepuce and glans, for four days ; bathing the part with cold water brought on a pain, as from excoriation.

Corrosive burning and stinging of the outer parts of the prepuce and of the urethra in the region of the corona glandis.

Soreness of the margin of the prepuce.

The glans is dark-red, the same as the prepuce.

The skin of the prepuce is covered with bright-red spots, of the size of a pea ; they are brighter than the glans itself.

When walking, the whole penis feels sore and burnt, (it had to be suspended.)

Formation of humor behind the corona glandis, all round.

Painful piercing pishes in the right side of the penis, both when at rest and in motion.

Tensive pain in the spermatic cord, when standing, and contraction of the scrotum, with a contractive sensation inside.

Sense as of pressure in the testicles, a sort of dragging, when standing.

Swelling of the prostate gland.

Great excitation of the sexual instinct, accompanied by sterility.

Excites the sexual instinct of both men and animals.

Profuse menstruation.

Confinement in the eighth month, accompanied by frightful convulsions.

Cold, Catarrh:—

Dryness, and sensation of dryness and heat in the nose.

Sneezing, and sensation of dry coryza ; the nose, however, is not stopped up.

Chest :—

Early in the morning, tough mucus is lodged in the lower part of the trachea ; it cannot be hawked up ; he makes great exertions to loosen some of it ; nevertheless this does not get into the mouth, and has to be swallowed ; after the coughing and hawking, a sense as of scraping remains in the trachea, as if it were raw and sore ; finally the mucus gets loose, and he has to throw it off.

Early in the morning, she feels a rawness in the chest, as if she had swallowed salt ; she had to make an effort at raising something, but that which is got loose, does not get into the mouth, and has to be swallowed.

Towards the seventh day the mucus, which was tough previously, becomes loose, and the difficulty of breathing, which he had felt up to this moment, diminishes at once, (he had felt as if his chest had been oppressed by a board.)

Oppressed breathing, owing to a tensive aching in the middle of the sternum, which is also painful to the touch at that place ; accompanied by drowsiness.

Her breathing is labored ; she feels as if a load were oppressing her chest.

Her chest feels oppressed ; she feels a sort of anxiety in her throat ; she has to fetch a deep breath.

Violent pinching behind the sternum, in the lower part of the chest, which does not hinder breathing ; it disappears when bending the head backwards, and is most violent when stooping, and, while stooping, worse during an inspiration.

A sort of pushing in the left side of the chest, without oppression of breathing, with intermittent, dull stiches, a sort of pressing inwards.

Pushes or beatings in both sides of the chest, frequently recurring and arresting the breathing at the same time, most painful in the region of the heart.

When taking exercise, or when stooping, he experiences a few violent shocks against the heart, as if it would fall out ; at the same time he felt warm about the heart.

She feels a throbbing in the left side in the region of the ribs.

Sense, as of hammering, from within outwards, under one of the cartilages of the ribs, near the sternum.

Sense, as of burrowing, under the upper part of the sternum, without arrest of breathing.

Drawing pain in the region of the left last rib.

Stiches in the integuments of the chest.

Cutting, transversely across the integuments of the chest.

Tensive dulness of the left half of the chest, with soft jerkings, palpitation of the heart, and oppressiveness.

Nodosity on the xiphoid cartilage, growing for two years, without causing any pain, and afterwards causing difficulty of breathing.

The beating of the heart is felt in a lower place than usual.

Pain in the region of the heart.

Asthma.

Difficult breathing. Difficult respiration, without any expectoration.

Orthopnoë; he was not able to breathe, except with his neck stretched, with wheezing in the trachea, and by greatly distending the abdomen.

Difficult respiration when lying down.

Inflammation of the chest and lungs six or seven times in succession.

Inflammation of the lungs, with vomiting of a green, bilious substance.

Inflammation of the lungs, with delirium.

Painful pricking in the right nipple.

Cough, excited by expiration.

Short and hacking cough, occasionally, commencing in the pit of the throat, a cool, salt liquid being felt in the lower part of the throat.

Continual cough.

Dry, violent cough.

Back :—

Pressure, as with a sharp point, on the os coccygis.

Pain on the left side of the os coccygis, in the bone, as if that part were being pressed violently against a hard body.

Violent aching, and fine, painful stinging, for fifty days, in the vertebræ, at the base of the chest: the pain sometimes darted towards the loins or the scapulæ.

Dull stitches in the left side of the back, below the last rib, slowly coming and going.

Pain in the middle of the back, as if some one were pinching the part with a pair of pincers; the pain extending gradually towards the abdomen.

The pain in the back frequently arrests the breathing.

On the right side of the scapula, itching, fine stitches, going off after scratching.

Burning, under the right scapula.

Lancinations, as with a knife, in the lower part of the nape of the neck.

Drawing in the nape of the neck, along the cervical vertebræ, from below upwards.

Drawing, from the nape of the neck to the ear, resembling a cramp, and rather externally.

Superior Extremities :—

Pressure, with tearing, on the top of the shoulder, at intervals.

Pressing upon the part between the end of the clavicle and the head of the humerus, causes a pain which darts into the fingers.

When extending the arm, sensation in the shoulder, as if it were bruised.

Crampy contraction of the right hand, going and coming.

(The wrist-joint feels dead ; he was unable to move his hand.)

Cramp-like contraction of the metacarpal bones,

Dull stitch in the palm of the hand, over the carpal bones.

Coldness, and feeling of coldness of the hands.

Cramp in the joint of the thumb, while writing.

Tingling in the tips of the fingers, as if they had gone to sleep, and as if they were pithy, (immediately after taking the medicine.)

Sudden, paralytic weakness of the hand ; when eating, he was unable to hold his fork ; the hand trembled when holding something ; the hand seemed to be awkward, and felt a paralytic pain.

Inferior Extremities :—

Pimples on the nates and thigh ; small, white vesicles, with large, red, smooth border, burning like fire, especially when lying upon them and touching them ; at the end of two days, they leave brown-red spots, which are very painful to the touch.

A darting, strangling cramp-pain in the right hip, extorting almost a cry.

Intensely painful, sharp prickings in the flesh of the thigh, near the womb.

Thrills of shuddering on the thighs, (immediately.)

Shuddering on the right thigh, as if goose-skin would form.

Painless, crampy sensation on the back part of the right thigh, as if a muscle would begin to twitch.

Continued pressure, in front, on the middle of the thighs, when sitting.

Frequent chills of shuddering on the feet, from below upwards.

Prickling burning on the left knee, at intervals.

Cramp in the calf, when walking.

When walking, drawing, like cramp, in the bend of the knee, along the inner hamstrings.

When going upstairs, the patella suddenly starts out of its normal position, and somewhat overlaps the tibia.

The right leg is first difficult to move, then paralyzed, so that there is less motor than sentient power.

Burning in the right tibia when standing.

(Cramp of the tendo Achillis, with violent pains.)

Painful sudden peckings in the dorsum of the foot.

Painful, tensive stretching in the bend of the foot.

Drawing to and fro in the left foot, from the toes to the ankles.

Drawing and pressing in the heel, when sitting.

Drawing in the ball of the right big toe.

Stinging itching in the ball of the left big toe.

Sleep :—

Continual, frequent yawning for a quarter of an hour.

Drowsiness by day.

Unconquerable drowsiness in the forenoon.

Drowsiness the whole day.

Sleeplessness.

Sleeplessness after midnight.

Restless sleep.

In the night he is waked from his slumber by frightful dreams, without knowing where he is.

(He has great fear of the bed ; nevertheless he lies down in his bed afterwards.)

Restless sleep at night, frequent waking, confused, sometimes anxious dreams, emission of semen, followed by light sleep.

He dreams of accidents which happen to other people.

Disagreeable and frightful dreams ; he succeeds in nothing, and every thing fills him with great anguish.

He has confused dreams every night ; he recollects them after waking up.

Vivid, horrid dreams ; they do not give him any anguish ; he maintains a sort of presence of mind.

Early in the morning, after waking from an uninterrupted sleep, he feels more tired than he did the evening before, when lying down.

Fever :—

Small pulse.

Slow pulse, scarcely perceptible.

Chills.

Fever, chills, with violent thirst ; after drinking, shaking, coldness of the hands, knees and feet ; accompanied by hurriedness, tremor, distortion of the face ; at times weeping, at times joyous, at times furious mood ; he was angry at all things, they made him mad ; at one time the chilliness was mingled with warmth in the back and feet, which perspired somewhat, but were not warm to the touch.

Chills, with thirst, without any subsequent heat or sweat, in the afternoon.

The whole body is cold, the face becomes warmer and warmer.

Warmth, and feeling of warmth in the face.

Sweat on the forehead and neck, in the night.

Thrills of shuddering over the trunk, accompanied with a certain sense of uneasiness, at short intervals.

Thrill of shuddering over the whole body ; likewise reaches the head, and draws the hairs together as it were.

Chilliness for several hours (immediately.)

His limbs feel cold to the touch, he trembles from chilliness.

Orgasm of the blood.

General Symptoms, Fits, Weakness :—

Rheumatic drawing in the periosteum of the long bones, as if they had been bruised by blows, during motion.

Superficial pinching in various parts of the flesh, as if the parts were seized with the fingers.

Tearing, contractive pressure about the left knee, in the forehead, and in several other parts of the body.

Prickings, as with a thousand needles, over the whole body, at night, when in bed, and getting into perspiration ; he cannot endure it ; first he feels it in few places ; after removing the sensation by scratching, he feels it in other places ; this symptom is accompanied by great anguish, and a sensation as of having hot water repeatedly thrown over him ; the symptom subsides upon uncovering himself.

Tearing pushes, and deeply penetrating lacerations in different places, especially in the limbs.

Hysteric symptoms.

Tetanic spasms of the upper limbs and the trunk, from time to time, continuing a quarter of an hour ; during the spasms he vomited a yellow fluid, and was somewhat deranged.

The spasms resulted in paralysis and death.

The post-mortem examination revealed pus in the kidney ; thickening of the coats of the bladder ; congestion of the blood-vessels of the diaphragm ; water in the convolutions of the brain, none in the ventricles.

After a meal, he feels, weary and indolent ; every thing fatigues him, even talking and writing.

Her feet feel heavy after a meal.

Immediately after a meal, he feels tired in all his limbs, and experiences a tearing pressing in the left side under the short ribs ; the place feels sore when pressing upon it.

Indolent feeling in every part of the body.

He is indolent and weak, yawns a good deal and stretches himself, as if he would sleep.

Great weakness after little exercise ; after going upstairs, he remained for a long while lying on the sofa quite exhausted, before he was able to move about again, and to talk freely.

She feels sick in her whole body ; cannot remain up ; has to lie down, owing to weariness and heaviness of the limbs.

He fears lest he should sink down, owing to a sudden weakness of the lower limbs ; he staggers when performing the least motion ; however, his walk appears to be more steady.

Weariness, vacillation and dull pain in the knees.

Want of strength of the whole body.

(Complaints occasioned by fatigue.)

[Peculiarities :

Complaints (quivering, tension, sore pain, &c.) predominant in internal parts.

Complaints predominant on upper eyelids, in lower part of chest, on feet, on the thighs, particularly on the front part of thighs.

Thirst, particularly during chill.

Aggravation forenoon and night.

Remission morning, afternoon, evening.

Sleeplessness predominant particularly after midnight ; awaking too early.

Cough, generally with expectoration ; expectoration in evening, is generally swallowed.

Predominantly worse out of doors ; from motion ; when walking, running, and from bodily exertion ; when stretching out diseased limb ; from pressure, and from sour things.

Worse before breakfast.

Worse from eructation.

Worse when awaking from sleep.

Predominantly better—indoors ; during rest ; after lying down ; in bed ; when lying, sitting, or standing ; when drawing up diseased limb ; when stooping ; on inspiration ; from cold, washing with cold water.

Almost always improved after meals.—Gross's *Comp. Mat. Med.* by Hering.]

Pathological Anatomy.

Morgagni (de sed. et caus. morb., Ep. 7, art. 13; Ep. 10, art. 13; Ep. 15, art. 6; Ep. 24, art. 13) describes the following post-mortem appearances of men whose business it was to clean hemp, and whom he supposes to have died from the pernicious effects of the hemp.

1.—Brown and blue spots on the right side of the neck.

The gall-bladder is contracted, containing but a small quantity of bile, of the colour of tobacco.

The pancreas is enlarged and somewhat hard.

Adhesion between the right lung and the pleura and diaphragm; the left lung is shrivelled superiorly, red, hard, heavy and dense inferiorly, a tubercle containing pus.

The left pleura and the left side of the diaphragm close to the lungs are inflamed.

The pericardium contains but a small quantity of reddish, turbid water.

Polypus-shaped exudations in the heart, the same in the carotid arteries.

The vessels of the membranes of the brain are congested with blood; polypus-shaped, whitish and dense coagula in the falciform sinus and in most of the vessels communicating with it; the other large sinuses contain coagulated blood; the arachnoid membrane is red throughout.

Water in the convolutions of the brain, also redish water in the lateral ventricles.

A number of watery vesicles of considerable size in the posterior portion of the plexus choroident.

2.—A quantity of turbid water in the pericardium.

Polypi in the heart.

Small, whitish, roundish, but not indurated ossifications scattered over the inner surface of the arteria magna, the more numerous the nearer the heart.

The vessels of the diaphragm are distended with blood, as if injected with wax.

Extravasated drops of blood on the arachnoid membrane.

The vessels of the right hemisphere are distended with blood, and black.

Clear water in the convolutions of the brain, throughout.

Water in the canal of the spinal marrow.

A quantity of turbid water in the abdomen.

The spleen is white on the outer side, the liver likewise, with a round, black spot of the size of a dime on the middle of the convex surface; behind that spot is a cavity of moderate size filled with half-coagulated blood.

Pus in the left kidney, not far from the pelvis.

Thickening of the membranes of the bladder, the vessels of the inner surface are injected.

Some fleshy fibres in the urinary passage.

The testicles and their surrounding membranes, and even the scrotum are considerably inflamed.

3.—The lungs are filled with air, with black spots here and there.

Jelly-like substance on the arachnoid coat.

Clear serum in the lateral ventricles, also around the first dorsal vertebrae.

The brain is less consistent than usual.

4.—A quantity of yellowish water in the pericardium.

Heart enlarged.

Polypi in the heart.

The vessels on the surface of the lungs are distended.

The upper portion of both lungs is very hard and dark superiorly, discharging a thick, tobacco-coloured ichor when cut into.

The liver is somewhat hard and marbled.

The membranes of the gall-bladder are blackish externally, and entirely black internally.

EDITOR'S NOTES.

BREAD MADE WITH SEA-WATER.

WE learn from the *Brit. Med. Journal* (Feb. 24) that M. Rabuteau speaks of "the use of bread made with sea-water as increasing the appetite and stimulating digestion. He states that it is pleasant to eat, and exercises a beneficial medicinal influence in cases of dyspepsia, phthisis, and scrofula. It has also been found conducive to health on board ship during very long ages."

PRECOCIOUS DEVELOPMENT.

Fleugel has recently, as we learn from the *Brit. M. Journal* (Feb. 24), described "the case of a female child who died of diarrhoea at the age of 5½ years. She was five feet in height. The incisor teeth had all appeared when she was six months old, and at nine months she had all the molars. At a year and half old, she menstruated; and, especially in her later years, the periods were tolerably regular. The external genital organs were well developed, without hair; the breasts were full and the pelvis roomy. The condition of the internal genitalia was not ascertained. As regarded her intellect, she did not appear to be in advance of other children of her age, although she had begun to speak when six months old."

In reference to this subject we take the following from an old note-book:—"Oct. 14. 1862. Was called to see an infant (female) 5 days old. She was born with incisors in both the jaws. She was born rather prematurely, at the 9th month. She was much emaciated, as she was suffering from a good deal of diarrhoea. Query—Was the diarrhoea due to the presence of these teeth, causing sympathetic irritation of the alimentary canal? Or did they cause excessive flow of the salivary secretions which tended to neutralize the healthy acidity of the stomach?"

SOME PECULIARITIES IN THE ACTION OF HYDRATE OF CHLORAL.

Liebreich has found that in a case of gout, the hydrate of chloral produced excitement instead of narcosis, but the same dose proved hypnotic in the same patient after being treated for some days with carbonate of soda. In typhus, much smaller doses than ordinary are enough readily to produce sleep. These facts appear to be

corroborative of the theory which attributes the physiological action of chloral to depend upon its transformation into chloroform in the blood by the excess of alkali present in that fluid. For in gout, the formation of urate of soda deprives the blood of its normal amount of alkali, and thus prevents the transformation of chloral, a state of things best corrected by the exhibition of an alkali to the patient, as in Liebreich's particular patient. In typhus on the contrary, there is an excess of alkali in the blood and consequently chloral is more readily transformed into chloroform, and hence acts more rapidly and energetically as a hypnotic. These facts suggest the measures by which chloral in the one disease (gout) may be rendered efficacious, and in the other (typhus) may be prevented from proving dangerous.

ON TINTING (TATTOOING) OPACITIES IN THE CORNEA.

In the *Med. Times. and Gaz.* for March 9 there is a communication by Mr. Arthur R. Dunnage, Dresser in the Eye Wards, Guy's Hospital, from which we learn that experiments with the object of tattooing the cornea were made in those wards, six years ago, but that they had failed; that experiments, resumed on the suggestion of Dr. Pagenstecher in the beginning of February with a grooved needle by the doctor for the purpose, have been uniformly successful. The substances that have been used are indian ink, indigo, and burnt Sienna, rubbed as thickly as possible. The needle charged with the color is pricked into the cornea as far required to leave a colored point. The punctures are made close on the surface intended to be colored, as, it is said, the color does not run, and the effect of each puncture is a colored point. These points are made as close as possible to get the effect of a colored spot. To get a dead black spot, the operation has to be repeated three or four times. The eyes are not tied up after the operation, as the color has been found to irritate if confined. There has been absolutely no inflammation in eyes that have not been tied up. We are ready to admit this might have been the case in the few instances in which the operation was tried. But we apprehend there is all likelihood of dangerous inflammation sometimes resulting from the operation. And even if there were none what is the reason of this unmeaning and unnecessary surgical interference. If it is to remedy, or rather cover by another, a deformity absolutely harmless and hardly noticed except by medical men, it is, we must say, pandering too much to the vicious taste of a few over-refined people.

ACTION OF IODIDE OF POTASSIUM, AND OF IODIDE OF AMMONIUM
ON THE SKIN.

Dr. Sydney Ringer relates (*Practitioner*, March 1872) the case of a lad, æt. 17, convalescent from acute rheumatism, and free from fever, in whom Iodide of Potassium, and Iodide of Ammonium produced a sort of petechial rash on the legs. We give the case in Dr. Ringer's words as follows :—

He began the iodide of potassium on December 4th, and on Decr. 9th a petechial rash broke out on the front and sides of his legs and ankles. The spots were numerous and varied in size from a pin's head to a split pea. Neither on this or any subsequent occasion did any spots appear on any part of the body above the knees. Rather sharp blows over the shins did not bruise. The shins were a little tender. Slight coryza preceded the spots by a few days. The medicine was discontinued on the morning of the 10th, and by the 15th the spots disappeared. On the 18th he began again the medicine and on the morning of the 20th, *i. e.*, after four doses, the rash reappeared more abundantly than at first, and coryza set in the same evening. The medicine was again discontinued, and by the 26th the rash disappeared; on which day he recommenced the medicine, and by the 28th, after five doses, the petechial rash again appeared. The medicine was discontinued, and the rash disappeared on January 1st.

On January 4th the lad began iodide of ammonium, in ten grain doses; after two doses, and in six hours and a half, petechial spots broke out on both legs. He took a third dose, and then the medicine was discontinued, and the spots disappeared on the 9th. He was then ordered iodide of sodium, but owing to a mistake a mixture containing iodide of ammonium and iodide of sodium, each in ten grain doses, was prepared. Of this mixture he took one dose before the detection of the mistake. Afterwards he took iodide of sodium in ten grain doses. On the same night, after two doses of medicine, *i. e.* after ten grains of iodide of ammonium and twenty grains of iodide of sodium, the petechial rash appeared.

On the 15th, the spots having disappeared, the lad began iodide of sodium in ten grain doses, to be repeated three times daily. He continued the medicine till mid-day of the 19th without the appearance of any petechiæ or coryza. At 3 P. M. of that day he began iodide of ammonium in ten grain doses, and at 5 P. M., *i. e.*, in two hours, a few spots were visible on both legs. The spots were more numerous and more marked next day.

The iodides of potissium and ammonium produced no other effects than the petechial rash and coryza, neither increasing the pulse nor raising the temperature nor producing the characteristic rash, nor any feeling of weakness.

ON THE INFLUENCE OF VIOLET LIGHT ON THE GROWTH OF VINES
AND ON THE DEVELOPMENT OF PIGS AND BULLS.

General Pleasonton of Philadelphia has published a third edition of his pamphlet on the above subject. The following is an abstract of a *résumé* contributed to *Nature* (Feb. 1) by M. André Poëy :—

In April 1861, cuttings of vines of some twenty varieties of grapes, each one year old, of the thickness of a pipe-stem, and cut close to the spots containing them, were planted in the borders inside and outside of the grapery, on the roof of which every eighth row of glass was violet-coloured, alternating the rows on the opposite sides. Very soon the vines began to attract great notice from the rapid growth they were making.

In September of the same year Mr. Robert Buist, a noted seedsman and horticulturist, from whom the General had procured the vines, visited the grapery. After examining it very carefully, he said—"I have been cultivating plants and vines of various kinds for the last forty years; I have seen some of the best vineries and conservatories in England and Scotland; but I have never seen anything like this growth." He then measured some of the vines, and found them forty-five feet in length, and an inch in diameter at the distance of one foot above the ground. And these dimensions were the growth of only five months!

In March 1862 they were started to grow, having been pruned and cleaned in January of that year. The growth in this second season was, if anything, more remarkable than it had been in the previous year. Besides the formation of the new wood, and the display of the most luxuriant foliage, there was a wonderful number of bunches of grapes, which soon resumed the most remarkable proportions—the bunches being of extraordinary magnitude, and the grapes of unusual size and development.

In September, when the grapes were beginning to colour and to ripen rapidly, Mr. Buist visited the grapery again, and estimated that there were 1,200 pounds of grapes. General Pleasonton remarks that in grape-growing countries, where grapes have been grown for

centuries, a period of time of from five to six years will elapse before a single bunch of grapes can be produced from a young vine : while, here, only seventeen months after, his grapery had yielded the finest and choicest varieties of grapes.

During the next season (1863) the vines again fruited, and matured a crop of grapes, estimated, by comparison with the yield of the previous year, to weigh about two tons ; the vines were perfectly healthy, and free from the usual maladies which affect the grape. Many cultivators said that such excessive crops would exhaust the vines, and that the following year there would be no fruit ; as it was well known that all plants required rest after yielding large crops. Notwithstanding, new wood was formed this year for the next year's crop, which turned out to be quite as large as it had been in the season of 1863 ; and so on, year by year, the vines have continued to bear large crops of fine fruit without intermission for the last nine years. They are now healthy and strong, and as yet show no signs of decrepitude or exhaustion.

The success of the grapery induced General Pleasonton to make an experiment with animal life. In the autumn of 1869 he built a piggery, and introduced into the roof and three sides of it violet-coloured and white glass in equal proportions—half of each kind. Separating a recent litter of Chester country pigs into two parties, he placed three sows and one barrow pig in the white pen, and three other sows and one other barrow pig in the pen, under the violet glass. The pigs were all about two months old. It will be observed that each of the pigs under the violet glass was lighter in weight than the lightest pig of those under the sun-light alone in the white pen. The two sets were treated exactly alike ; fed with the same kinds of food, at equal intervals of time, and with equal quantities by measure at each meal, and were attended by the same man. On the 4th of May, 1870, the six sows, being weighed, the following conclusion was obtained :—

	Under the violet pens.		Under the white pens.	
• November 3, 1869	...	122 lbs.	...	144 lbs.
March 4, 1870	...	520 lbs.	...	530 lbs.
Increase	...	398 lbs.	...	386 lbs.

Consequently, although the pigs placed under the violet pens actually weighed 10 lbs. less than those under the white pens ; yet, taking into consideration the 22 lbs. loss which the first pigs had previously weighed, there is an actual gain of 12 lbs. The two other barrow pigs offered nearly the same result.

The next experiment of General Pleasonton was with an alderney bull calf, born on Jan. 26, 1870. At its birth it was so puny and feeble that the man who attends upon his stock—a very experienced hand—told him that it would not live. He directed him to put it in one of the pens under the violet glass. In 24 hours a very sensible change had occurred in the animal. It had arisen on its feet, walked about the pen, took its food freely by the finger, and manifested great vivacity. In a few days his feeble condition had entirely disappeared. It began to grow, and its development was marvellous. On March 31, 1870, two months and five days after its birth, its rapid growth was so apparent that, its hind quarter was then growing, he had it measured. Fifty days afterwards it had gained six inches in height, carrying its lateral development with it. The calf was turned into the barn yard, and manifested every symptom of full masculine vigour, though at the time he was only four months old. He is now one of the best developed animals that can be found anywhere.

The facts here detailed are no less remarkable than significant. The physical explanation of the marvelous influence exerted by the violent rays of the sun upon the nutritive functions, stimulating them into vigorous activity in both vegetables and animals, lies no doubt in the fact of these rays being chemical rays *par excellence*, rays which favor energetic chemical action. Might we not take advantage of this principle in the treatment of children suffering from scrofula, rickets, mesenteric disease, and other diseases where the nutritive functions are at fault? How often in these cases medicine proves a sad failure, and what a boon it would be, if General Pleasonton's simple hygienic measure would succeed in restoring many a child who would otherwise have inevitably fallen a victim to the diseases above mentioned, to life and health! We would therefore most earnestly call the attention of the profession to the facts above narrated.

THE PRESENT EPIDEMIC OF DENGUE
AND ITS TREATMENT.

AN epidemic of fever, remarkable for many peculiarities, is just passing over Calcutta and its suburbs, and also in other parts of India. We therefore feel it our duty, as journalists, to place before our readers our views on the subject, and the treatment that has been most successful in our hands. We the more readily do this, inasmuch as we find some of our old school colleagues have commenced roughly imitating the suggestions of the new school, and also because we find that the homœopathic treatment that has been recommended and just published by an excellent colleague, does not quite accord with what we have found to be useful.* Our object is simply to put on record our own experience, in order that it may be some guide to those who may have to treat the disease.

* We allude to the following circular recently issued by Dr. Salzer on
Dengue-Fever and its Homœopathic Treatment.

THIS fever is now so prevalent in this country, that no definition is required as to what the term "Dengue-Fever" means.

Its treatment, on homœopathic principles, is as follows :—

At the onset, when there are premonitory signs of the approaching fever, as general malaise, pains in the bones and joints, &c., *Eupatorium Perfoliatum*—a drop of the tincture in four to six tablespoonfuls of water—should be administered. Dose—A tablespoonful every two hours, till perspiration sets in.

Should the Rash appear notwithstanding, or should the first stage have been allowed to pass without treatment :—

Bryonia Alba (6).—A drop in 4 to 6 tablespoonfuls of water taken in doses of a teaspoonful every four hours—has to be administered and continued as long as the accompanying fever lasts. The remedy may also be called for after *Eupatorium Perfoliatum*, should there remain pain in the joints on moving the parts.

Pulsatilla (6).—Dose as above, or by *Ipecacuanha* (3)—same dose to be repeated every 2 or 3 hours—when there is nausea.

Should this gastric state be associated with constipation, *Opium* (1) 2 to 3 drops in a tablespoonful of water to be repeated every 2 or 3 hours may be resorted to.

Sequelæ.—These consist in Rheumatic pains and swellings around the joints with lameness ; under the above treatment the occurrence of these sequelæ is almost unknown. In fact the therapeutic suggestions in this respect are solely made on theoretical grounds. *Ledum Palustre* and *Kali Bichromicum* would appear to be most suitable remedies in the majority of such cases.

THE DISEASE.

In the *Nomenclature of Diseases* drawn up by a Joint Committee appointed by the Royal College of Physicians of London, Dengue is thus defined: "An ephemeral continued fever, characterised by frontal headache, and by severe pains in the limbs and trunk, and sometimes by an eruption, resembling that of measles, over the body; occurring in the West Indies."

Dr. Aitken, in his article on Dengue, or Dandy Fever, in Reynold's *System of Medicine*, thus defines the disease:—"A febrile affection, *sui generis*, commencing suddenly, and associated from the commencement with severe pains in the large and small joints. About the third day a peculiar cutaneous eruption or efflorescence appears upon the palms of the hands, rapidly spreads over the body, and rarely continues beyond twenty-four hours. A distinct remission succeeds, but relapses are numerous, and the disease may thus persist about two months, marked by prostration and cachexia, its course being characterised by intervals, or remission, and the exacerbations marked by rheumatic or neuralgic-like phenomena."

None of these definitions appear to have been framed by men who had actual experience of the disease. The definition of the Committee of the Royal College of Physicians has been based only upon the report of the West Indies' Epidemic, and that of Dr. Aitken upon those of the West and East Indies. It is singular that the Committee of the Royal College of Physicians, who published their *Nomenclature* in 1869, should have taken no notice of the Indian Epidemics of 1824 and 1825.

SYNONYMS.

"Scarlatina Rheumatica, Cock; Exanthesis Rosalia Arthrodynia, Cock; Dandy Fever, Natives of West Indies; Dunga Bouquet; Bucket; Epidemic Inflammatory Fever of Calcutta, Mellis; Eruptive Epidemic Fever of India; Toohutia, Natives of East Indies; Three-day Fever, Natives of East Indies; Rheumatic Fever with Gastric Irritation and Eruption, Furlonge; Eruptive Articular Fever; Eruptive Rheumatic Fever; Plantaria; Febris Exanthematica Articularis; Giraffe, on account of the stiff holding of the neck; Epidemic Anomalous Disease, Stedman; Peculiar Epidemic Fever; Colorado, on account of the

red spots ; Exanthesis Arthrosia, Stiff-necked Fever ; Broken-wing Fever ; Break-bone Fever."—ATTKEN.

INVASION AND PROGRESS.

The invasion in the majority of cases is almost sudden, that is, to say, the fever sets in with the pains in the joints and muscles or with headache, at once, without any considerable or even appreciable time intervening between them. Perfectly hale and hearty and unsuspecting before, people have found themselves after, the siesta or the usual night sleep, so crippled by the disease, as to be absolutely incapable of getting up from their beds. Many a cook has found himself, in the midst of his avocation, unable to hold his utensils, his limbs having become suddenly stiff. A lady told me that, after a refreshing bath just as she sat down to dinner she found she could not lift her hand to her mouth, and immediately she had to relinquish her meal and take to her bed. Another lady, we were told, while engaged in worship, found herself unable to join her hands in prayer, the dengue having, without any warning, begun torturing them with stiffness and pains. Sometimes, however, though very rarely, the rheumatoid affection precedes by a few hours, even by a day, the onset of the fever. Such cases generally run a mild course.

Besides the pains, which are complained of as almost intolerable, the fever is characterised by such utter prostration of the whole system that, without being actually comatose, the patient may at times appear to be so, and he so loses control over himself that, without being actually delirious, he may at times appear to speak as if in delirium, his utterances being hurried and apparently unconnected. In children often, but very rarely in adults, there may be actual coma, delirium and convulsions.

The disease, in the typical cases, is characterised by two crops of rash, one, which appears almost with the fever, and has hence been called the *initial*, and the other, which makes its appearance on the subsidence of the fever, and has been accordingly called the *terminal*, rash. The first is a simple diffuse redness, and sometimes is so intense, as almost to simulate the rash of scarlatina. Generally, it makes its appearance on the face, and thence spreads downwards ; but sometimes it is first

seen on the hands, or thorax, and thence spreading upwards and downwards. The whole face would sometimes present a bloated appearance. This rash is generally very evanescent, appearing and disappearing in the course of a few hours; hence it has not been regarded as a constant phenomenon. Sometimes it persists and gradually changes into the second or the terminal crop. In some of our cases there has been an inverse proportion between the initial rash and the rheumatoid affection, the one being more, in proportion the other is less, developed. This however does not hold in all cases, both the rash and the pains being of a very distressing character. The fever subsides generally at the end of three days, but may extend to five and even to eight or ten days. There is no regular intermission in the course of the day, but there are irregular remissions, the patient sometimes perspiring and feeling comfortable, and in the next hour being hot again with burning thirst and aggravated headache and pains.

Generally one day, sometimes two or more days, after the subsidence of the fever, appears the terminal rash which, as far as we have observed, is distinctly of the rubeoloid type. With this as with the initial rash, the first appearance is generally on the face, but it may like the other appear first on the hands and trunk. This rash is the most constant and takes about from three to seven or eight days to disappear, leaving behind a furfuraceous, mottled skin, exactly like that after the disappearance of the rash of measles. There is no desquamation of the skin after the disappearance of the initial rash. After the appearance of the terminal rash, the fever sometimes re-appears, but is never so severe as the initial fever.

Thus the disease may be described as consisting, normally, of three stages, the *initial*, the *intermediate*, and the *terminal*. The first or initial stage lasts three days and is characterized by the great violence of the fever and of the pains and a rash, which is more scarlatiniform than anything else. The second or intermediate stage lasts from a few hours to a day or two, and forms, as it were, a stage of calm, being characterized by the subsidence of the fever, amelioration in the pains, and the absence of any distinct rash, except a slight continuation, occasionally, of the initial rash. The third or terminal stage lasts from two or three to more days,

and may be said to form in a manner the relapsing stage, being characterized by the re-appearance of the fever with nothing, however, of the violence of the initial stage, the breaking out afresh of a rash, distinct however from the initial one, being of the rubeoloid type, and also by some aggravation of the pains.

Throughout the whole course of the disease, the mucous membrane of the oral cavity is very seldom affected in the same way as the skin, but the tongue presents almost a characteristic appearance, being thick, red at the edges and tip, and covered with thick, white fur on the rest of its superior surface. This character of the tongue persists long after the disappearance of the disease, and should caution us against improper dieting. Sometimes, though very rarely, especially in children, there is redness of the mucous membrane of the oral cavity and of the fauces, and even swelling of the tonsils and of the salivary glands. These form very serious, sometimes dangerous complications, and the physician should be very particular in inquiring after them, and should always satisfy himself about their existence or the contrary, by examination of the interior of the mouth and the pharynx.

SIMILARITY WITH FORMER EPIDEMICS.

The Epidemics, having resemblance to the present epidemic, of which we have reliable record are those that prevailed in the East Indies in the years 1824 and 1825, and those that prevailed in the West Indies in the years 1827 and 1828, and the epidemic that prevailed in India in 1853. Of the East Indian epidemics of 1824—25 we have the recorded experiences of Mellis, Twining, Cavel, Mouat, and Robinson. Of the West Indian epidemics of 1827—28 we have the recorded experiences of Stedman, Nicholson, Cock, Furlonge, Dickson, Lehman, Hays, Squaer, Osgood, and of Dumaresq. Of the East Indian epidemic of 1853 we have the recorded experience of Dr. E. Goodeve. It is worth ascertaining if the East Indian epidemics of 1824—25 did not run into the West Indian epidemics of 1827—28, so as to form one epidemic in fact. We are inclined to think the intermediate links of the progress of the epidemic from the East to the West are as yet wanting, and may be found out by diligent research.

There is so little resemblance between the present epidemic and the epidemic of 1853, which Dr. Edward Goodeve described as "Red Fever," that a nosologist would hardly feel justified in placing it in the same category with the veritable Dengue. The "Red Fever" differed from the fever just now prevailing and the fevers that prevailed in the East and West Indies, mentioned above, "in the decided implication of the mucous membrane of the throat and mouth," which was red like vermilion as in scarlatina, "and in the swelling of the tonsils, which last though occurring rarely, nevertheless, did show itself unmistakeably." The "Red Fever" differed also in the almost entire absence of affection of the joints and muscles. Dr. Goodeve had observed one case only which presented this with severity. "The patients," he said, "doubtless suffered from pains of their limbs and back but they were not so severe as to constitute an especial feature of the disease." That the Red Fever was, however, an allied, if not an identical, disease is evidenced by the fact that there was occasional presence of severe rheumatoid affections of joints and muscles in it as there is occasional implication of the oral cavity and the tonsils in the present epidemic, not to mention of the suddenness of attack, &c., common to both.

The present epidemic very closely resembles the epidemics that prevailed in India in 1824 and 1825, and the epidemics of the West Indies of 1827 and 1828, both in the rheumatoid affections, which throughout forms the most distressing feature of the disease, and in the character of the rash. We lay more stress upon the suddenness of the attack and upon the affections of the fibrous structures and joints, than upon the rash, as the characteristics of the disease. In the present epidemic, the rash has been absent in several cases, but the rheumatoid affection never. Besides, in many cases, the disease has manifested itself simply in the shape of lameness of joints and muscles, without being developed into actual fever.

To recapitulate: The grand points of similarity between the present and the former epidemics, excepting that of 1853 for reasons stated above, are the suddenness of the attacks, the severe arthritic and muscular pains, the apparently formidable nature of the disease, its sparing neither age nor sex nor even sickness, its running a definite course, and the marked

favorable issues of all or nearly all the cases. Beyond these general resemblances, there were numerous points of difference in the course of the disease in the several epidemics. Thus none of the previous epidemics presented the three peculiar stages of the present epidemic. Although the East-Indian authorities described the disease as commencing with flushed face, suffused and watering eyes, and bloated and swollen countenance, and presenting on the second or third day "a rash, bearing much resemblance to rubcola in its character" and distinct from the bloated suffusion of the visage attending the first day of the disease," it does not appear quite clearly that there were at all two distinct crops of rash as in the present epidemic. But even if we take the first day's suffusion of the countenance as the initial rash, there was difference in the time of appearance of the rubeloid rash, which was on the 2nd or 3rd day, whereas in the present epidemic it appears seldom before the 4th day. Again there appears to have been greater variation in the character of the rash than in the present epidemic: Twining having seen chiefly the rubeoloid form; Cavel sometimes an almost uniform scarlet flush, sometimes patches of an inflammatory character, sometimes a vesicular eruption; Mouat describing it as roseola in some, erythema papulatum in others, purpura simplex in others, lichen tropicus in a few. Nor again can we gather anything from the West-Indian Authorities which may be likened to the initial rash of the present epidemic. They describe only a single rash which commenced the third or fourth day after the primary fever, with a return of fever. This rash and the stage of the disease in which it appeared corresponds therefore to our terminal rash and terminal stage. This West-Indian rash was more variable than our terminal rash, having been described by some as resembling that of scarlet fever, by others that of measles, by others again that of roseola or erythema, by others the nettle-rash, and by others as between that of scarlet fever and measles. The West-Indian Authorities described a *rheumatic* stage as sometimes following immediately the eruptive or second stage, "but often not till one, two, three, or four weeks, or more had elapsed." Whether setting in early or late, this stage was of considerable duration, the pains and paralysis the patients suffered from in it, being greater than in the first

stage. This rheumatic stage of the West-Indian epidemic was somewhat peculiar, and may be said to correspond to our sequelæ.

Our research into our ancient medical writings has not been sufficiently minute to enable us to say with any degree of positivity whether in India of olden days, epidemics like the present used to prevail. As far as we have seen, the description, given in our ancient works, of the eruptive fevers, is very meagre, measles being classed with small-pox. With reference to Dengue, therefore, we must come, from the data at our command, to either of two conclusions. (1) That it was unknown in those days, or (2) that it was not observed with sufficient accuracy to distinguish it from measles.

ETIOLOGY.

The cause is evidently in the atmosphere; but whether it is any extraneous matter floating in it, or whether it is merely some change in its condition, meteorological or other, has not been ascertained. This much is certain that it is not referrible either to variation in the pressure or temperature of the atmosphere or in the rainfall. Twining has rightly remarked,—“There are states of the atmosphere which influence our feelings of health and comfort, and doubtless exercise an action on the human constitution, in a degree not to be ascertained by any instruments or scale hitherto invented.” We do not believe that contagion or infection has any thing to do with the causation and propagation of the epidemic. Twining said with reference to the epidemic of 1824,—“I do not know that any proof can be adduced of the contagious nature of this disease; on the contrary, I believe it was not communicable from one person to another*; because it arose at the same time in remote parts of the town, and affected persons who had not had any communication with sick people. Its progress was not that slow and gradual march which depends on personal communication, and can often be traced. It more than once happened within my knowledge, that those most exposed to the contact of, and communication with, the sick, had the disease later than others living in the same house, but not so exposed.”

* A family of eight Europeans, (never before in India,) arrived from England on the 25th July. Not one of those persons had the fever, though the disease went through their servants.

PATHOLOGY.

The first start of the disease is evidently from some interference with the functions of the skin, preventing the due elimination of certain deleterious substances from the blood, which accumulate in that fluid, and through it, powerfully depress the nervous system, and would seem to have an affinity for the fibrous structures of the joints and muscles.

DIAGNOSIS.

The only diseases which are likely to be confounded with it are rheumatism, measles, and scarlet fever. From rheumatism it is distinguished by the large and small joints being equally affected, and by the presence of the rash. From measles, by the presence of the rheumatoid affection, and the general want of catarrhal symptoms of the air passages. From scarlet fever, by the character and period of appearance of the rash, by the absence of inflammation of the oral cavity and the fauces, by the presence of the rheumatoid affection, and by the general absence of albumen in the urine. The suddenness of the attack distinguishes it from rheumatism and measles, though not from scarlet fever.

The diagnosis of the disease from the ordinary remittent or endemic fevers of the country is too easy to require pointing out. Nevertheless the following, written of the epidemic of 1825, by Dr. J. Mouat, is exceedingly interesting as giving in a brief outline the whole picture of the disease, and helping us to see its close similarity with the present epidemic. "The suddenness of its attack, the redness and watering of the eyes, the acute pain in all the joints, rendered excruciating on the slightest touch, the scarlet or crimson efflorescence on the surface, its ephemeral duration, its not requiring blood-letting, &c., its sparing neither age, sex, nor habit of body, its seizing the acclimated as well as those recently arrived, stamp it at once a different disease from the remittent or endemic fever of Lower India."

PROGNOSIS.

While the disease is exceedingly a severe one, considering the sufferings of the patient, it is an exceedingly mild one considering the favorable way in which it terminates. There need be no

death in any case, under judicious treatment. Even in infants and extreme old age, there ought to be no mortality. This was also the characteristic of former epidemics. Twining writes of one of these :—"The fever which prevailed in Calcutta in June, July, and August 1824, was equally remarkable, whether we consider the patient's sufferings at the time, the few out of the whole population who escaped an attack, or the very inconsiderable mortality caused by it."

We must, however, be very guarded in our prognosis, especially in the case of children, whenever there is implication of the oral cavity and the pharynx. Death, in spite of all that we do, may take place whenever these complications are present. We must also be guarded in our prognosis, when the dengue has attacked patients suffering from grave diseases, such as phthisis, albuminuria, chronic malarious fever, with enlargements of the liver and spleen, and dropsies general, or peritoneal, or both, &c.

SEQUELÆ.

These consist chiefly in prostration and general debility and in the lameness of joints and muscles. We have seen cases in which the prostration has gone so far as to cause considerable weakness of vision and of hearing. In some cases, especially when mismanaged, well developed arthritis and synovitis have been the result. Constipation or diarrhœa seldom succeeds the disease. Genuine relapses are very rare, but in cases of malarious taint of the constitution, there may be recurrences of the fever.

PROPHYLAXIS.

The best prophylaxis appears to us to be—not to sleep in the draught, especially in the latter part of the night, when we should advise a light covering to the body.

Just when the pains are declaring themselves in the joints and muscles, a few doses of *Rhus tox.* may avert the attack, at least a severe attack.

The avoidance of acids and acid and sub-acid fruits seems to lessen the severity of the disease. We are certain, a free indulgence in them predisposes to, and aggravates the disease.

TREATMENT.

In the treatment of this disease, especially from an old school point of view, it is essential to bear in mind that asthenia or extreme prostration of the vital powers forms its grand feature, a fact which must necessarily condemn all depletory and exhausting measures. All honor therefore to the Physicians who in treating the epidemic of 1824 and 1825 abstained from these measures. For in days, when those measures formed the rule in the treatment of almost any disease, it must have required no ordinary amount of courage and skill, to have abstained from them.*

“ * In the treatment, during early periods of this fever, it required some reflection to abstain from V. S., when the severity of suffering, with great heat concentrated about the head and neck, were considered. But the absence of hardness in the pulse, and the want of those symptoms more especially indicative of local inflammatory action, as well as the protracted cold stage, authorised the omission of general bleeding: and the result justified the other measures adopted. In several of the earliest cases, in which the head was much affected, I applied a considerable number of leeches to the temples, which seemed to afford relief; but farther observation of the progress of this disease, by no means convinced me that this measure was generally necessary; as other cases, with symptoms parallel in nature and severity, where as speedily remedied without leeches.” — *Twining*.

“ The succeeding prostration of strength and pains in the limbs, in many cases, were excessive; but as far as my own experience went, I am inclined to think they were the result of the treatment: for it is true, that where blood was abstracted, either locally or generally, the loss of strength was great indeed; which might reasonably be expected, since after such high excitement, debility was sure to succeed: and as bleeding did not cut short the disease, nor, I might almost say, mitigate the symptoms, it would necessarily exhaust the patient. To my not bleeding, then, may be ascribed the comparatively trifling debility my patients suffered. I saw several in whom depletion had been had recourse to, and they gave me very *great trouble during convalescence*: the powers of digestion were greatly impaired; there was considerable vertigo, with a tendency to fainting; and the patients were annoyed for some time by distressing dreams and bad nights, which were only removed by Infus. Calumb. C. SP. Ether. Sulph. and the Pil. Hyd. et Ext. Hyoscyami.

“ It will have been seen, that as I became *better acquainted* with the disease, I *did not even give purgatives* except cautiously; and I think no one will question, that by exhibiting an emetic, without either bleeding or purgatives, I wasted the strength of my patients as little as possible. One of the most peculiar features of this epidemic, I conceive to be, that notwithstanding the *apparent* symptoms of inflammatory affection of the head, such as the violent pain increased by pressure on the eyeballs which, as I have mentioned were turgid

The mild cases get well of themselves, and require no treatment. The graver cases do require treatment, and very prompt treatment too, both for the mitigation of the sufferings of the patient, the shortening of the course of the disease, and for preventing the development of the sequelæ.

Eupatorium was found to be curative in the epidemic of Pennsylvania about fifty years ago, and, theoretically, would seem to meet the chief symptoms of the disease, but failing with it in the first few cases, we did not recur to it, and had not to repent for this. In some cases, we have been told, it did so aggravate the pains, that it had to be abandoned.

Belladonna, *Rhus toxicodendron*, and *Bryonia alba* have proved in our hands the most efficacious remedies.

We generally prescribe *Belladonna* at the very commencement and when the fever is very high, or when the face is redder than the other parts of the body, or when the head and brain symptoms are very prominent, it is very serviceable. Many an infant has been saved by the timely administration of this remedy. Should the fever show no signs of abatement under *Belladonna*, a few doses of *Aconitum* will be of use, or both remedies may be given in alternation.

We prescribe *Rhus tox.* and *Bryonia* when the pains are very severe; the former when the muscles and the fibrous structures of the joints are especially affected; the latter, when the synovial membranes are especially affected. We have found *Rhus* to be more, and more often useful, than *Bryonia*.

Some patients complain of intolerable burning all over the body. In such cases, *Arsenicum*, even at the height of the fever, has a charming effect.

There is very seldom irritability of the alimentary canal in the present epidemic. Should this present itself, as it now and then does, then *Ipecacuanha* for the nausea and vomiting, and *Pulsatilla* for the diarrhœa, will answer all our purposes. Where there is both diarrhœa and nausea, *Arsenicum* is the remedy. [In some very rare cases the irritability of the stomach is so great that the

in an extreme degree, the light did not annoy the patient. I had one or two cases in which light was distressing; but in them the intolerance succeeded from other causes; they were delicate females, whose nervous susceptibility was extreme, and therefore cannot militate against the general fact."—Cavell.

patients vomit immediately after drinking even the smallest quantity of water. In such cases *Eupatorium* will help.]*

The sequelæ are best treated by *Rhus* when there is lameness of the joints and general debility; by *Pulsatilla*, *Arsenicum*, or *China* when there is diarrhœa. The constipation is better left alone, or a few doses of *Nux vomica* will be sufficient unto a cure. In cases with repeated relapses of fever, when other remedies fail, *Quinine*, in massive doses, varying from one to five grains, will have to be used. [*Rhus* has not been invariably successful in removing the rheumatoid affections of the joints. Sometimes it half succeeds as it were, doing some good and then failing to do any further. Sometimes it very nearly altogether fails. It has therefore either to be supplemented or superseded by other remedies. *Lachesis* and *Rhododendron* have been found to answer where *Rhus* has failed. *Bryonia* alone, or alternated with *Rhus*, sometimes is of great service. Failing with all these the bicarbonate of potash and lemon juice should be thought of.]

We prescribe the above remedies in the following dilutions (decimal):—

<i>Aconitum</i>	6.	<i>China</i>	30.
<i>Arsenicum</i>	6, 12.	<i>Ipecacuanha</i>	3, 6.
<i>Belladonna</i>	6, 30.	<i>Nux vomica</i>	6, 30.
<i>Bryonia</i>	6.	<i>Pulsatilla</i>	6, 30.

Rhus tox. 6, 30.

Dose for an adult from $\frac{1}{4}$ to $\frac{1}{2}$ drop; for a child from 1 to 3 globules, or about a 16th or 12th of a drop.

POSTSCRIPT.

Exception was taken to the treatment recommended above, by Dr. Salzer in a letter which he addressed to the Editors of the Daily Papers, and which we subjoin:—

SIR,—Since you did me the honour of noticing my circular about the homœopathic treatment of dengue-fever in your paper, I hope you will not refuse the following communication, the same having a bearing on the above-mentioned subject.

*The therapeutic suggestions within [] are later additions.

Dr. Mahendra Lal Sircar has just published a similar circular, in which he states that my therapeutic recommendations "do not quite accord with what we have found to be useful"

I recommended *Eupatorium Perfoliatum* at the onset, when there are premonitory signs of the approaching fever, as general malaise, pains in the bones and joints, &c., to be continued as long as no rash appears. My recommendation distinctly implied that in most of the cases no rash will make its appearance, and the whole dengue-attack will be cut short. I could have said more, namely, that patients so treated are as a rule able to attend to their business at the third day; but I preferred leaving the demonstration of this fact to those who make the trial. Since then I have had numerous experience, partly in my own practice, but principally from others who have tried the remedy in the above described way, and from what I have gathered I can now state with more confidence than before, that we possess in *Eupat. Perf.* a remedy which, when properly applied, will, for the most part, break up the natural course of the dengue-fever, and restore the patient in a comparatively short time.

But Dr. Mahendra Lal Sircar thinks otherwise. "*Eupatorium*," he says, "was found to be curative in the epidemic of Pennsylvania about fifty years ago, and, theoretically, would seem to meet the chief symptoms of the disease; but failing with it in the first few cases, we did not recur to it, and had not to repent for this. In some cases, we have been told, it did so aggravate the pains, that it had to be abandoned."

One need only read the above statement in order to know the secret of the failure. The fact is, *Eupat.* does not theoretically meet the *chief symptoms of the disease*. One of the chief symptoms is undoubtedly the rash; but *Eupat.* does not produce in the healthy anything like a rash, nor indeed any sort of eruption or efflorescence of the skin. This remedy can therefore homoeopathically neither meet this symptom nor any stage of a disease where this symptom figures as a prominent part. He who ignores this must naturally come to Dr. Sircar's conclusion, that theoretically it (*Eupat.*) would be indicated, but practically it fails. This accounts for Dr. Sircar's few cases. In applying *Eupat.* one has just to bear in mind that it is not calculated to meet the chief symptoms of the *disease*, but only the chief symp-

toms of a certain stage of the disease, namely, of that stage which precedes the rash.

Dr. Sircar says, "Just when the pains are declaring themselves in the joints and muscles, a few doses of *Rhus Tox.* may avert the attack, at least a severe attack." I say, "A few doses of *Eupat.* will in most cases avert the attack, provided the above restriction is strictly kept in view in using the remedy."

I hope, after what I have said, Dr. Sircar will still be induced to give *Eupat.* a careful and impartial trial, if he has no objection to take the above hint from me with regard to the discrimination necessary for the success of the remedy. So much I am sure, that those who have tried it will neither be deterred from its further application by our doctor's few, and but too well accounted for failures; nor by the bugbear of aggravation. Everybody versed with homœopathic practice knows the significance of aggravation. Far from being a signal to reject the remedy altogether, it confirms, moreover, its homœopathic adaptability. What has to be done in such cases is to reduce the dose, but not to abandon the remedy.

Belladonna may sometimes be called for, as Dr. Sircar rightly remarks, when the cerebral symptoms are very prominent, which may occur in children, and I am glad to have here the opportunity of rectifying the total omission of this remedy in my circular. But it should be borne in mind that the place of *Bellad.* in dengue is only an auxiliary remedy. As soon as these cerebral symptoms have lost their prominence, *Bryonia Alba* is the remedy, which corresponds by far more to the general character of the disease.

Calcutta, April 26.

L. SALZER, M. D.

To the above we replied in the following letter, also addressed to the Editors of the Dailies:—

Sir,—I have always regarded it as unwise in medical men to drag medical controversies into the columns of newspapers and therefore I had at first thought of keeping silent about the communication of Dr. Salzer relative to the difference between his suggestions and mine regarding the treatment of dengue, and I would most willingly have allowed him the easy victory that would have been consequent upon my non-appearance as defendant, if the controversy, which the worthy Doctor has raised and invited,

had only a speculative interest, that is, if it had its terminus in ourselves only. But as a great deal of the comfort of dengue patients might depend upon that difference, I am compelled against myself to solicit a corner in your valuable journal to enable me to justify, once for all, what I have advanced in the recently published "extraordinary" issue of my journal. •

It is some gratification to me to see that the original difference between Dr. Salzer and myself has been somewhat narrowed by his acknowledging the utility of *Belladonna* in the disease, however qualifyingly he might have done it. The omission of the mention of this drug was a most serious one in his circular, and it was this, in particular, which called forth the "extraordinary." Dr. Salzer still ignores the efficacy of *Rhus*, and I only hope that further experience will convince him of it.

With this exception the difference between him and myself chiefly consists in the respective estimates we have formed of the utility of *Eupatorium perfol.* Dr. Salzer finds fault with me for saying that "*Eupatorium* theoretically would seem to meet the chief symptoms of the disease," &c., and triumphantly remarks: "One need only read the above statement in order to know the secret of the failure. The fact is *Eupat.* does not theoretically meet the chief symptoms of the disease. One of the chief symptoms is undoubtedly the rash, but *Eupat.* does not produce in the healthy anything like a rash, nor indeed any sort of eruption or efflorescence upon the skin. This remedy can therefore homœopathically neither meet this symptom nor any stage of a disease where this symptom figures as a prominent part. He who ignores this must naturally come to Dr. Sircar's conclusion, that theoretically it (*Eupat.*) would be indicated, but practically it fails. This accounts for Dr. Sircar's few cases. In applying *Eupat.* one has just to bear in mind that it is not calculated to meet the chief symptoms of the disease, but only the chief symptoms of a certain stage of the disease, namely, of the stage which precedes the rash."

This is a fine piece of reasoning indeed, but one need only read my observations along with his critique thereon to be convinced that if Dr. Salzer had remembered or cared to understand what I have actually said about *Eupatorium*, he would not have thought it worth his while to waste his splendid reasoning powers

in fighting a shadow. I did *not* say that theoretically *Eupatorium* *does* meet the chief symptoms of the disease, but I only said that "theoretically *Eupatorium* would *seem* to meet," &c. I used the word *seem* advisedly. I knew that it does not produce any rash upon the skin in healthy individuals, and therefore, though it produces pains somewhat similar to the pains of dengue in its present epidemic form, I believed that it was not likely to be of use in the disease in any stage, and hence it is that I said that theoretically it would *seem*, &c.

I never questioned that *Eupatorium* might have proved useful in Dr. Salzer's hands in the stage of the disease previous to the appearance of any rash at all. In speaking of rash in the disease as *the* rash, Dr. Salzer no doubt means the *initial* rash, as we gather also from his circular, where he gives directions for the treatment of "the succeeding, terminal rash." Now, the initial rash makes its appearance either simultaneously with or very shortly after, the setting in of the fever; and when we remember how sudden the invasion of the disease is, the pains making their appearance without any premonitory symptoms, and being accompanied by fever almost from the very commencement, or followed by it shortly, we shall understand in how few cases there will be any opportunity for prescribing *Eupatorium* if we are to adopt Dr. Salzer's rules: "At the onest, when there are premonitory signs of the approaching fever, as general malaise, pains in the bones and joints, &c., *Eupatorium* should be administered," &c. As far as our own experience goes, it is precisely those cases, which have long premonitory symptoms before the appearance of the fever and the rash, that are the mildest, and require no interference. Most of these cases do not develop into the full disease. And consequently, when such cases do terminate in recovery while under some treatment, it is not possible to say whether the rapidity of the recovery was in the natural course of things, or due to the treatment; and in view of the nature of such cases one actually experiences, one might be pardoned for being a little sceptical about the vaunted efficacy of the latter.

I still, however, do not question the accuracy of Dr. Salzer's statement that *Eupatorium* has been useful in his hands in the premonitory stage. He must have been singularly fortunate

in having had to deal with cases with long and distinct premonitory symptoms—cases which, with his marvellous scientific prevision, he could see would have been certainly developed into the most severe forms of the disease, but which were as certainly nipped in the bud by his timely interference with *Eupatorium*. My observations were not calculated to deter him or others from the further use of the drug, nor would I even now object to use it myself should I get cases early enough and with a preliminary stage long enough for its timely administration. Nevertheless there will still be a lingering doubt in my mind, even in cases of apparent benefit from *Eupatorium*, as to whether the benefit has been due actually to the drug.

With reference to *Belladonna*, Dr. Salzer says that its place in dengue is only as an auxiliary remedy, and that it *may sometimes* be called for when the cerebral symptoms are very prominent. Now, if we remember that the initial rash is scarlatini-form, and that at the stage of the disease when this rash makes its appearance, the cerebral symptoms are as prominent as the pains, it is easy to see how far the value of this drug depends as a mere auxiliary, or as the chief remedy in this stage. In this stage *Belladonna* not only *may sometimes* be called for, but is indispensable and invaluable, and in the case of infants I would characterise it as criminal to withhold it or omit it. I am not inclined to quarrel with Dr. Salzer with reference to the respective places of *Rhus toxicodendron* and *Bryonia alba*. But I must say that I have derived, as a general rule, more benefit from the former than from the latter. Where the fibrous structures around the joints and the tendons and sheaths of muscles are involved, *Rhus* is the remedy; but where the synovial membranes show signs of inflammation, and where the air-passages are involved, *Bryonia* must be had recourse to. We must not blindly prescribe either remedy, but we must use this discrimination in order to derive full benefit from whichever happens to be indicated. Repeated experience has shown us that the old rule of using *Bryonia* whenever there is aggravation by movement and *Rhus* whenever there is amelioration from the same cause does not hold universally.

MAHENDRA LAL SIRCAR, M. D.

CLINICAL RECORD.

A Case of Herpes Circinatus.

UNDER CARE OF DR. M. L. SIRCAR.

The following case which I saw on the 21st March 1871 is interesting.

A girl of about 8 years had a patch of herpes on the right temple. It had commenced upwards of a month previous to my seeing her as a single vesicle and was spreading by the circumference, leaving a furfuraceous patch bounded by it. There was itching and burning in the part. The repertory assisted me in the treatment of this case. Under the head of ring-shaped herpes, there were *Calc.*, *Caus.*, *Natr.*, *Natr. m.*, *Sep.*, *Sulph.* Of these *Natr.* and *Natr. m.* had no itching in their herpetic eruptions and the character of spreading eliminated *Caus.* The drugs that remained to be further sifted were *Calc.*, *Sep.*, and *Sulph.* From this list I was able to eliminate *Calc.* and *Sep.* as they did not correspond to the characteristic bilious constitution of our little patient. I therefore prescribed *Sulph.* 6, 2 globules every 4th day. She had altogether to take 2 or 3 doses and she was all right. The patch, which from a point had already become larger than a rupee in size and spreading every day, disappeared altogether.

A Case of Inflammation of the Uterus and Ovaries, with metrorrhagia.

UNDER CARE OF DR. M. L. SIRCAR.

B. aged about 24 had a fall on the evening of the 29th February last. Next day at about evening she began to feel pain in the regions of the ovaries. This was accompanied by fever. In consequence of this the family physician prescribed *Aco.* 6 and *Arn.* 6 in alternation. The fever and the pains increased considerably, the patient began to get spasms of the upper extremities, and was extremely prostrated. Suspecting that the patient was suffering from suppressed menses the said physician prescribed the following mixture on the evening of the 2nd March :—

R Tinct. Cannabis Ind. ʒss
 „ Secale Corn. ʒss
 „ Aconit. ℥vi
 Aq. Puræ ʒvi

M. Ft. Mist. ʒi every hour. This was continued till the 5th inst.

There was some improvement and the menses did appear. On the 5th the following mixture was given :—

R.	Tinct. Bellad.	℥vi
	„ Acon.	℥vi
	Aq. Puræ.	℥vi

M. Ft. Mist. ʒi every 4 hours. Considering that the patient was well, she was ordered to take Ogra (rice and dāl boiled together). Whether owing to this, or to the altered prescription, or to other causes, the fever increased violently that very day. There was violent metrorrhagia, and the region of the ovaries and uterus became very much swollen, hard, and exceedingly sensitive to touch.

I was sent for on the 7th and prescribed *Bell.* 6 every 2 hours.

On the 8th I found no improvement. The tenderness and swelling of the uterus and the ovaries were as bad as yesterday. The metrorrhagia was continuing, but the discharge had become of a pale color, and there was much involuntary weeping. As far as recorded pathogenesis went, I found the following drugs had a direct influence in setting up inflammation in both the uterus and ovaries, viz., *Acon.*, *Bell.*, *Canth.*, *Chin.*, *Lach.*, *Merc.*, and *Plat.* Of these *Canth.*, *Lach.*, and *Merc.* had no metrorrhagia, and *Acon.* and *Chin.* had not discharge from the uterus of a pale character. Consequently the only remedies that were admissible in this case were *Bell.* and *Plat.* But as *Bell.* has already been used without effect (probably because it was prescribed in massive doses before), I prescribed *Plat.* 6, $\frac{1}{4}$ drop three times a day. On the 1st day of *Plat.* the patient was much relieved, and on the 3rd day she was all right.

Gleanings from Contemporary Literature.

HOW TO SELECT THE SIMILIMUM.

By J. C. MORGAN, M. D.

Can anything new be said on this topic? Or can the old things be made more clear? I propose to try; and observe,—

I. That every disease consists of two divisions or parts. First, *an organism capable of assuming and of maintaining the morbid status*, whatever its nature. This state of the organism is the **DIATHESIS** of the case.

Again, this diathesis consists of *two elements* or subdivisions, viz.: 1. The substance-state; and 2. The function-state. The former includes all that Hahnemann, Grauvogl and others have said respecting "bodily constitutions," "chronic miasms," &c., in their *latent condition*. Function-state relates to the *mode of action* of the organism, as habitual to the person, or as temporarily changed.

Without such diathesis diseases are impossible. When they exist, they are simply sustained by this diathetic foundation—the "general state," so-called. Correct this general state, and disease often vanishes. Hence comes what we call the "general indication," the "diathetic indication," the "constitutional indication," in the treatment of *every* disease. General as it is, it has no *necessary* relation to the special pathology of the case; thus its symptoms are of a kind often utterly irrelevant to the nosological programme; not seldom so trivial, as well as alien to this, that they are despised by crude and superficial minds. Properly observed and used, they are precious guides to the cure of even those diseases which they fail to explain. Thereby, we treat the whole *patient*, not simply the disease, so called. Who, indeed, when anæmia, hysteria, &c., exist diathetically, fails to regard this rule? Yet we need a wider use of it.

II. But we should be but fanatical did we stop with the general indication. Disease is a compound condition, consisting of the general state, *plus* the deviations from the normal local state. Or, rather, the *causa morbi*, aided by the diathesis, produces local changes. Hence, we derive a second, viz., the pathological or "local indication," whose symptoms *may, or not*, reflect the outlines of the general state, but commonly harmonize with it. When they do thus harmonize, the selection of the remedy is easiest. But they often seem to conflict, and then we adopt the strongest, as it appears at the moment; possibly completing the cure afterwards by the inferior indication.

While on this subject, let us observe that in every method of selection of remedies, indications sometimes seem to conflict. The foregoing maxim is in place in all. We may also consider with profit the rule of Hahne-

mann, that, *ceteris paribus*, the latest symptoms are of the highest therapeutic rank.

III. There are certain general states, which are of such a nature as to be *typical*, and so have a true class-character. Each of Hahnemann's forms of morbid constitution, each of Grauvogl's also, and of Hausmann's, each of my own "classes," based on the predominant characters of nerve nutrition and function found in the four "temperaments," &c.; each of these may stand as types, to some one or more of which every patient may be referred, under the *general* indication; with groups of corresponding remedies, among which to find the similimum, with greatly diminished labor. Deviations and contradictions, combinations and complications, may always be unravelled by skill, patience, and perseverance; allowing each its full value, and weighing the doubtful points against each other.

So, also, do we find, in each local pathological form, a typical, as well as many deviating characters.

IV. Hence come, in all diseased states, the following *minor indications*, the one similar remedy lying under the strongest; viz., *General*: 1. Typical; 2. Modified; 3. Mixed; 4. Acute; 5. Chronic. *Local*: 1. Typical; 2. Modified; 3. Mixed; 4. Acute; 5. Chronic.

To illustrate: Suppose a case of *dysentery* - typical in local character, acute in duration; under the general indication, of the spinal temperament; (typically, of the "second class"). At a glance, *Nux vomica* is prescribed, and performs its work as expected. But if this general state occur, complicated or even superinduced by over-dosing with acrid drugs, as *Mercury*, the cure will not likely be complete until this is met, as by *Nitric acid*, or perhaps *China*, the general state being not "typical" of any pure class, but emphatically of the third minor group, viz., the "mixed." Or if of malarious origin, with intermittent symptoms, it thereby becomes "modified." Or, supposing a so-called "psoric" constitution, and chronic duration,* with the passivity, &c., typical of the "Organic Excentric" ("third class") general state, we may not cure at all, except by prescribing a remedy typical of the whole, viz., *Sulphur*. And so on, throughout the minor groups, under some of which all cases range themselves.

This is something like the form in which a clinical case must be examined by a strictly scientific method, whenever that shall be possible. The materials for its perfection are within the reach of homoeopathy only, and no mean display of them already exists in our literature. But they require, from the best students, great diligence and skill. Now, these are the gifts of the few; therefore, the many must await their labors in reducing them to a readily available, condensed, and practicable shape. Meantime, they cast their shadow before them in "characteristic" outlines; they sound their coming by "keynote;" they fill up the outlines of the shadow by "totality of symptoms."

* See my article on "The Action and Classification of Medicines," in the *N. Y. Trans.*, 1868.

V. The mere symptoms are to actual diseases just as words are to ideas ; *i. e.*, they represent them. *Ergo*, symptoms, so far from being contemptible, are, in their way, the equal of speech. They are the basis of prescribing whilst we are waiting for "the coming science." On them is built the Hahnemannian method of selecting the remedy. To examine this, let us first define doubtful terms. Thus, by "characteristic," we mean a symptom which whether always found in the provings and cases or not, belongs prominently to the *full* picture of the remedy ; and stands in harmony with every other physiological trait of the same ; is, in other words, not an accident, but an inevitable development of the full drug action. Having, however, no guide but the provings and cures, we in practice say, that whatever symptom has been repeatedly observed in proving, and repeatedly verified in practice, is thus known as a characteristic of the language, the genius, or as Dr. Williamson called it, "the run of the remedy." The phrases "verified symptoms," "confirmed symptoms," &c., are synonymous with this one.

But such "characteristics" have in many remedies, come to be themselves a hopeless task in memorizing, from their mere number. Hence, one needs a thread to guide him through this labyrinth.

It is found, on close study, that some few symptoms, among all the characteristics, rear their forms to view most pertinaciously in cases cured by the given remedy ; sometimes one, or another, or several ? and moreover that, in some cases, even although such symptom be also found among the characteristics of some other drug, they are not so prominent therein—do not so persistently appear among its cures. Every experienced homoeopath knows of some such corner-stones of prescribing, such finger-boards of the route, such "keynotes" to the harmony of disease and medicine, to the whole tune of remedy and cure. When he finds the keynote, he expects to find plenty of ordinary characteristics, and even to match the minor symptoms also, the totality of his case ; but even if he cannot, unless a stronger reason indicate another drug, he gives this one in well founded confidence, expecting to cure ; "totality" being but a relative, not an absolute term, also, and to be acted on as such only ; "*tout ensemble*" is, indeed, a better phrase.

VI. But in order to estimate the force of the *keynotes*, one must first know how to recognize the *characteristics* by some general features. Mere recurrence of a symptom has its value ; but even this, with other points, may be unnoticed, without some guiding rule.

Different physicians have laid down such rules. Hahnemann, whilst insisting on "totalities," also established the "characteristic" mode, but in a general way only. Boenninghausen defined this by directing attention specifically to four points ; *viz.*, locality of symptoms ; kind of symptoms, painful or other ; conditions of aggravation, and of amelioration (*i. e.*, what agrees and disagrees) ; and concomitants (accessories, or complications). His repertory is a simple developement of these four points. Both Hahnemann and Boenninghausen lay great stress on mental symptoms as characteristic ; but there leave us.

Dr. Jeanes, of this city, and Dr. Gregg, of Buffalo, develop, and urge attention to, the first of these four points, *i. e.*, locality—very minutely refined. Dr. Hering, Dr. Gregg, Dr. H. N. Guernsey, and others observing the geometric variations of this in many cases, specify the mode of such changes ; as, origin, course, and termination of certain pains. Dr. Gregg's charts are a convenient exhibit of what is now known of this subject.

For instance, Dr. Jeanes, calls *Stramonium* a specific, almost for hip disease on the *left side*. I have extended the indication successfully in uterine and ovarian cases. Agnir, Dr. Guernsey relieves tedious labor, with stitching pains running *down the back of the hips*, by *Kali carb.*; Dr. H. N. Martin, and myself, like cases, but with stitching *across the hypogastrium*, by *Cimicifuga* ; and so on, in endless variety ; as, "stitching from temple," under *China*, &c., &c., &c.

Reil, Sharp, and others, regard "organs" as the definition of locality. They are right, so far ; but since organs are themselves composite in both histological structure and sympathy, we must go farther. Bichat having indicated that every tissue is subject to pains characteristic of itself, many others rather, therefore, think of tissues as the definition. This is better ; but is short of the whole. All these definitions must be combined.

Grauvogl and others regard the chemical status of the general system, and the causes, atmospheric, dietetic, and other, which affected it ;—an important point, often characteristic, and deserving more attention in the future.

Hausmann* combines the chemical with the histological and the geometric methods, and shows the harmony of each geological period of the earth with the chemistry of its living tissues ; (each embryonic period of the foetus of course, finding here its counterpart) ; portraying each, first in its mollusk stage ; then in the successive steps of vertebration—in the fish, the reptile, the bird, the mammal ; all of which he considers prefigured in the mollusk life itself. Each stage carrying with it all former tissues and their chemical relations, healthy and morbid, alimentary, pathogenetic, and curative ; each geologic period, like each embryonic period, keeping pace in development of inorganic (crystalline, &c.) forms, with its production of higher and higher organic forms ; and, in health and disease, developing more and more "characteristic" symptoms as the complexity increases ; (each related mineral first taking crystalline form, as the geologic time of its organic function arrive).

Thus he finds, with each form of cell and tissue-life, a given type of crystalline form in harmony with it ; a definite kind of symptom when nutrition is disturbed ; a definite nutritive relation between the inorganic and organic forms in health, and a like curative relation when diseased. Moreover, as the human body is the sum of all these, it includes them all, in nutrition, in disease, in medication.

Besides, these several inorganic substances have a curious double quality, marked by the relative preponderance of the numbers of their combining

* I am indebted to Dr. Hering for these details of Hahnemann's doctrine.

volumes or of their chemical equivalents. This quality lies in the constant geometric directions in which the pains extend, and in the origin of related cell-changes, either in the nucleus, or in the extranuclear part of the cell.

Recognizing hydrogen as the unit among chemical equivalents, he also takes it as the unit for specific gravity ; and by calculation, reduces all elements to the gaseous standard, finding a new number of specific gravity for each, supposing it were attenuated to gaseous form. Thus, as Oxygen-gas is 16 times as heavy as hydrogen, and Sulphur-gas 96 times, their sp. gr.=O, 16 ; S., 96. Now by comparing this specific gravity with the equivalent of each, we discover how many combining volumes are contained in an equivalent, on the one hand ; or again, for other substances, how many equivalents are contained in a combining volume. The larger the eq. number the less is the size of the combining volume, and vice versa.

Now, these being divided into each other, the result is as follows :
1. $\text{Sp. gr.} \div \text{Eq.} = \text{No. of Eqs. in a volume}$; 2. $\text{Eq.} \div \text{Sp. gr.} = \text{the volume of each equivalent}$.

These two numbers are now compared, for each substance. In this process, we find two sets or groups of bodies ; 1. Those in which the Eq. number exceeds that of the volume ; 2. Those in which the volume exceeds the equivalent number.

The nutritive, pathogenetic, and curative effect of each ranges by the following affinities.

Thus, one set have, along with excess of the number of their combining volume above that of their equivalent, pains extending in straight lines. Others present pains which radiate or extend from a common centre ; and in these, the equivalent number is greatest. Each points, also, to certain tissues, certain forms of cell life, certain related inorganic forms, certain remedies for diseased states. Thus, the first set present changes originating in the nuclear part of the cell ; the latter, in the extra-nuclear part of the same. Both the nutrition and pathogenesis, as well as cures of the first, are instanced by such medicines as *Kali bichr.* and *Kali nitric* : the second, by *Phosph.*, *Merc. subl.*, *Sulph. ac.*, *Argent. nitric*. Hahnemann also traces to like relations the so-called conditions of aggravation, and amelioration ; as aggravation on beginning to move, or by continued motion, or by rest, &c., &c.

All this presents a grand field for scientific development in the progress of homœopathy, the egg of the future *science of medicine*.

VII. To sum up the points now available to the average practitioner, however, is our present aim. These are comprised, to some extent, both for provings and for practice, as follows :

1. Locality ; as to sides of the body, organs, tissues, &c., minutely observed ; when the symptom is fixed.
2. Locality ; geometrically viewed, in origin, direction, course and termination ; when not fixed.

3. Kind of symptom ; painful or otherwise ; subjective or objective ; nervous, chemical, &c., (all these constituting the so-called "sensations," &c., of Boenninghausen ; or in more correct phrase, "lesions of substance and of function").

4. Groupings (concomitants ; complications, accessories).
5. Order of symptomatic progression (sequences).
6. General and mental traits of the disease ("generalities ;" "morale").
7. *Particular* attitudes, actions, manners, physiognomy, and periodicity.
8. *Class* morale, periodicity, physiognomy, manners, pulse, &c.; partly involved also under Nos. 6 and 7. (See *N. Y. Trans.*)
9. Occasions, or "conditions" of aggravation (what disagrees).
10. Occasions, or "conditions" of amelioration (what agrees).
11. "Fever symptoms."
12. Bodily constitution, or taint (plethoric, anæmic, psoric, syphilitic, scorbutic, pyæmic, mercurial, alcoholic, &c., &c., &c.).

Bodily constitution, of Grauvogl, &c.; *a.* "Carbonitrogenoid," (gouty, hemorrhoidal, bilious,* etc.) from "retention processes ;" (*Sulphur* or *Cuprum* cases); *b.* "Hydrogenoid," (hydræmic,) from "reduction or liquefaction-processes ;" (*Natr. sulph.*, or *Nitrum* cases);† *c.* "Oxygenoid," (emaciative), from "oxidation processes ;" (*Iodine*, or *Kali hyd.* cases).‡

14. The constitutional and related developments, of Hausmann ; so far as published.

15. Epidemic and endemic influences ; meteorological, telluric, zymotic or miasmatic, &c.

16. Individual causes of existing disease ; mental, dietetic, machanical, &c.

17. Pathological Genius of the disease.

18. Previous medication.

Under each of these several heads, we shall find numerous characteristics ; hence, each should be noted, in every proving, and in the symptomatic record of every case, so far as possible. Beside these general statements, every disease will present particular variations and applications of them, which will require particular study. Thus, we may hope, we shall hear the last of the slovenly common objection that a case cannot be treated with exactness, because there are no characteristic symptoms, but only the general and nosological.

VII. For illustration : observe, under "locality," the symptoms and medicines already mentioned ; under "kind of symptom" burning, or stitching, or swelling, or ulceration, &c., &c., with all the refinements of each ; for which purposes, Boenninghausen and other repertories are indispensable, as laying down landmarks whereby to choose remedies for

*See my Classes III and IV ; Groups B and c, &c., &c.

†Group C.

‡Group A.

study in the *Symptomen-codex*, and other works on the *Materia Medica* proper ; in some cases even rendering such study needless ; thus saving often much time and labor, though rather too mechanically. Under No. 4 ("grouping," or concomitants), joint gastric and cerebral disturbance, gastric and hepatic, cutaneous and mucous ; combined febrile and mental disorders, &c. ; under No. 5, the succession of stages in ague, the progression of symptoms before, during and after convulsions, &c. ; as, labor pain begins, then convulsions, *Belladonna* ; or, the pain ends, then convulsion, *Cuprum* ; under No. 6, the general and mental effects of toothache or neuralgia, of morbid digestion, menstruation, &c. ; under No. 7, the high head, open eyes, quick manners and afternoon periodicity of a *Belladonna* fever, or the low-lying head, closed eyes, restless tossing and midnight periodicity of an *Aconite* fever, &c., &c. ; under No. 8 see Trans. of the N. Y. State Hom. Med. Soc. for 1868, and elsewhere ; under No. 9, observe the aggravation by rest, in *Rhus tox.* ; by motion, in *Bryonia* ; by a warm, close atmosphere, as in *Pulsatilla* : &c., &c. Under No. 10, notice the relief by rest, in *Bryonia* : by easy motion, in *Pulsatilla* ; by continued and active motion (after aggravation), in *Rhus tox.* ; by a warm atmosphere, in *Nux vom.* ; &c.

Under No. 11, the deviations of temperature, sensible or actual ; state of the blood and circulation ; perspiration. Also, for cold, hot and sweating stages, separately, note particularly the symptoms under No. 4, 5, 9, 10 ; and, indeed, all the others, in various cases. Also, the particular localities in which chill, heat, and sweat commence, or predominate.

Under No. 12, consider all that Hahnemann has said of the chronic miasms, and all that Raue and other commentators on Hahnemann have said in justification and elucidation of the same ; and study the remedies known as antipsoric, anti-sycotic, and anti-syphilitic. Also, see Knapp on Scurvy as a "Primary Pathology," &c., &c.

Under No. 13, observe the signs, given by Grauvogl, and more or less known to everybody, of the several constitutions named, their correctives, medicinal, dietetic, &c., and the similar drugs. (See pages 247 to 260 ; thence, to end.)

No. 14 can as yet be studied only in the German original, but ought to be accessible to English readers, as it will be, when Dr. Shipman's labors shall be complete.

Under No. 15, consider the thermometer, the barometer, the hygrometer, the direction of the wind, electric tension, position of astronomical bodies, as the sun and moon ; the geologic formation, soil, water, products of field, shop, &c. ; drainage, sewage ; malaria, contagion, infection, &c., &c. Thus, a high thermometer suggests, among other drugs, *Bryon.*, *Glon.*, &c. ; if low, *Dulcamara*, *Aconite*, &c. ; a low barometer, *Rhus tox.* &c. ; a north-west wind (dry and irritating), *Hepar*, *Aconite*, &c. ; calcareous soil, *Belladonna* ; small-pox miasm, *Vaccinin.*, *Sarracenia*, &c. Prevalent conditions produce prevalent symptoms, which, when collated, point to the "ruling remedy."

for the season, in all diseases. This ruling remedy, however, is not to be counted a panacea, but only a basis or point of departure for exact medication.

No. 16 is constantly illustrated in homœopathic practice ; as, in giving *Coffea* for excessive joy ; *Ignatia* and *Phos. acid* for grief ; *Pulsatilla* for effects of eating pork ; *Phosphorus* for effects of washing (of clothes) ; *Bryonia* for effects of ironing (of clothes) ; *Arnica* for contusion ; *Staphysagria* for incised wounds ; &c., &c. (See also, Boëninghausen ; rubric, "Getting Worse.")

The "pathological genius" of the case, (No. 17), will not fail of appreciation ; it is, indeed, a point still in dispute ; yet it often gives signal aid in selection. The "run of the remedy" partly concerns it, and we have also to consider, under this head, two comprehensive groupings, whence we may often take a perhaps hasty, but satisfactory departure ; *i. e.* "Typical Remedies" and "Critical Remedies." That is to say : 1. Certain drugs vividly picture certain natural diseases ; thus, are "typical" of them ; as, of dysentery, *Nux vom.*, and *Merc.* ; and these often cure. Or, compare *China* or *Gelsemium* with "bilious diarrhœa."

2. Certain drugs give a picture of a future stage in the disease, called a *crisis*. These, when given in advance, may hasten the conclusion. Thus, the crisis of phlegmonous inflammation is suppuration. *Hepar* is the counter-part of that stage. Now, if pus-formation be not preventible entirely, *Hepar* may be given in anticipation, with the effect of precipitating that crisis, and so hastening the cure. Thus, *Hepar* may truly be called a "critical" remedy in that morbid state. In pneumonia, we may choose to avoid it, on account of this very quality, in the first and second stages.

It is easy to see how the pathological method may be abused, but this fact should not deprive us of its *use* in proper cases.

Not least, although last, is No. 18. Thus, allopathic medication must be obviated by *Nux vom.*, *Caps.*, *Acon.*, *Hepar*, *Puls.*, &c., &c. ; which, well chosen, may cure a case, alone. After abuse of homœopathic medicines, suitable and generally well known antidotes are available for each. Beside these instances, the last remedy always influences the selection of the next ; inasmuch as the former exerted a definite action, left a definite impression, a definite status, of which the succeeding one should be the picture ; each remedy being the *complement* of the other. In practice, how constantly do we thus find indicated, after *Acon.*, *Hepar*, *Bell.*, &c. ; after *China*, *Nux vomica* ; after *Nux vomica*, *China* ; and on the other hand, how unsuitable, according to Gross, Lippe, &c., are the mutual succession of certain remedies ; as, *Phos.* and *Causticum*—*Rhus* and *Apis* (?), &c.

To the foregoing, we ought to add a few words on the comparative method of study. As before stated, characteristics may point to diverse drugs. The *minor differences* are invaluable means of decision. Gross' *Comparative Materia Medica* here stands high as a book of reference ;

especially those portions furnished by American contributors. The *Symptomen-Codex* itself, open at the places of the conflicting medicines, soon reveals the shades of diversity, or may even furnish broad grounds of antagonism, which soon put doubt to flight. Thus, in both *Rhus* and *Lyc.*, we have "aggravation on rising from a seat—(pains). But the former has morning aggravation also; the latter, from 4 to 8. P. M., &c. Again, *Acon.* and *Arsen.* both have midnight aggravation, restlessness, dry skin and thirst. But the former has plethora; the latter, anæmia. Or again, *Bry.* and *Merc.* both have rheumatic pains; but the former is better in the warmth of the bed; whilst the latter often suffers the greatest pain in bed. *Sanguinaria* suits rheumatism of the right shoulder; *Ferrum* of the left.

In this last, we find illustration of the fact that the right and left sides are of different dynamic relation; probably because (in the symmetrical organs, as the limbs), of diversity of use, and polarization thereby. Of course, the asymmetrical organs, as the liver, spleen, ileo-cæcal tract, sigmoid flexure, etc., with their sympathizing parts, are essentially one-sided in symptoms, as in locality. Hence, we cannot wonder that the right iliac region displays affinity for *Apis*, as in typhoid fever, whilst *Nux v.* chooses the left, as in common inertia of the bowels, or constipation; nor even that diphtheria on the right side is often cured by *Lycopodium*, whilst on the left side it is often cured by *Lachesis*. (See Boenninghausen's "Sides of the Body, and Drug-Affinities.")

Here we have an outline which any homœopath may profitably fill up by systematic study. Our literature is not meagre, on these heads, however illy arranged; it is, indeed, if properly worked, a mine of gold to the healer of the sick.—*The American Journ. of Hom. Mat. Med.*, Vol. V., No. 6, Feb. 1872.

OBSERVATIONS ON SEA-SICKNESS, AND ON SOME OF THE MEANS OF RELIEVING IT.

By SIR JAMES ALDERSON, M. D., D. C. L., F. R. S.,
Consulting Physician to St. Mary's Hospital.

THE cause of sea-sickness and its possible amelioration is a subject particularly appropriate at the present time. It is more agreeable to offer suggestions for relief than to comment on the sybaritic weakness which is generally displayed in impatience of the evils usually to be encountered in a passage across the Channel. When we remember that not half a century ago, people, after waiting days or perhaps weeks for fair wind and weather, were glad to consider a voyage of six hours of tossing and sickness as a very favorable one, one can hardly understand how the present

generation feel it unendurable, to submit to a single hour and a half after having started at a given time. Though, however, we must admit the fact that we are less brave in meeting discomforts than our predecessors, there is still satisfaction in diminishing those discomforts to the utmost in our power.

We have seen the futility of various childish devices, such as stimulants, globules, ice-bags, etc., all of which, not being based on any true knowledge of the evils to be met, are merely empirical. Rejecting all of these, therefore, it will be well to invite attention to a scientific explanation of the cause of sea-sickness, and to base on that explanation a proposal for a remedy.

A suggestion was made sixty years ago by Dr. Wollaston, that sea-sickness proceeds from pressure of blood upon the brain; and this view is supported by pathological observations, since injury or pressure on the brain is almost invariably attended by vomiting, which is its earliest symptom. Dr. Wollaston explains the way in which pressure is induced upon the brain during the motion of a ship at sea, by reference to the action of mercury in the tube of a barometer. He says "that if a barometer be carried out to sea in a calm, the mercury will rest at the same height as when on shore; but when the ship falls by the subsidence of the waves, the mercury is seen apparently to rise in the tube which contains it." I may add to this, that any one who has carried a mountain-barometer, and has happened to let it descend suddenly, must have been sensible of a concussion of the mercury against the top of the tube, and must have both felt and heard the blow. In fact, the mere action of walking is sufficient, by the alternate rise and fall of the hand, to produce this effect. Dr. Wollaston considers that the action of the blood on the brain, at the moment of the descent of the ship, is identical with that of the mercury on the top of the barometer, and that there is an actual pressure, and even a blow, which, by frequent repetition, produces nausea and vomiting. Now it is to be regretted that Dr. Wollaston does not state the true scientific explanation of the apparent rise of the mercury in the barometrical tube, to which inaccuracy may possibly be referred the reason why so little notice has been taken of this valuable suggestion. It is not necessary here to analyse his statement with a view to refute it. The fact is undeniable, that contact does take place between the mercury and the upper part of the tube with more or less violence, and the proper explanation of the apparent rise of the mercury when the tube descends is this; that when the rigid tube falls, the mercury, having its own inertia, and not being attached to, or a part of, the tube, remains stationary—at least for a time; thus the tube is pushed down upon or over the mercury, and the concussion takes place. Exactly the same occurs between the brain and vessels on the one part and the blood on the other. The approximately rigid brain and vessels are carried downwards, the blood remains by its own inertia, and the consequence is to crowd blood into the vessels of the brain, and so press with increased force, producing a certain shock; this shock and the attendant pressure produce sickness and vomiting. The vomiting thus induced is of

a peculiar character—very different from that proceeding from a common disordered stomach ; it occurs in a spasmodic manner, and violent retching remains after the contents of the stomach have been ejected. This continuous retching seems to indicate the repeated action of the increased pressure.

Referring to the experience of sufferers from sea-sickness, it is admitted by all, that they are most sensible of the miserable feeling at the moment of the descent of the ship. They are also conscious at that particular time of an instinctive effort to sigh or take a deep inspiration, the meaning of which is manifest. During deep inspiration the chest is dilated for the reception of air, and its vessels become more open to admit blood, so that a return of blood from the head is then more free than at any other period of complete respiration ; whilst on the contrary, by the act of expelling air from the lungs, the ingress of blood is obstructed. This obstruction is proved by observation when the surface of the brain is exposed by the operation of trephing ; a successive turgescence and subsidence of the brain is then seen in alternate motion with different states of the chest. A deep inspiration, therefore, at the time of the descent of the ship tends to counteract the turgescence of the brain.

Sickness is sometimes produced by waltzing. In this case the same theory of pressure on the brain holds good ; but during rapid gyration in waltzing the blood is acted on differently : it is centrifugal force which causes the blood to rise in the vessels supplied to the brain. There is an additional cause of cerebral disturbance from the confusion of objects rapidly presented to the eye ; from this comes giddiness.

In reference to sickness brought on by swinging, I cannot do better than quote Dr. Wollaston : “ Sickness, by swinging, is evidently from the same cause as sea-sickness, and that direction of the motion, which occasion the most piercing sensation of uneasiness, is conformable to the same explanation already given. It is in descending forwards that this sensation is perceived, for then the blood has the greatest tendency to move from the feet towards the head, since the line joining them is in the direction of the motion ; but when, in the descent backwards, the motion is transverse to the line of the body, it occasions but little inconvenience, because the tendency to propel the blood towards the head is then inconsiderable.”

This last observation of Dr. Wollaston, quite accurate as to the result, plainly suggests the practical bearing of the subject. Knowing the mode in which the ship's movement acts on the brain, we are at once furnished with the only rational way of averting sea-sickness.

The first point is wholly to avoid the upright posture. Every one knows that it is a common practice to lie down, and this is done almost, instinctively, but it is also known that to do so, though frequently successful, it is not invariably so. The way in which the motion in a swing affects the brain affords the proper explanation why lying down is not invariably successful ; and shew that it is necessary, not only to take a recumbent

position, but to lie in the right direction. A person lying down with the feet towards the bows of a ship is, whilst it descends in pitching, in the same position as a person in a swing descending forwards, in which case we have seen that sickness is produced by blood being forced upon the brain. On the contrary, a person lying down with his head towards the bows is, during the descent of the ship, in the position of one descending backwards in a swing, in which case the pressure by the blood will be towards the feet, and, therefore, relief rather than an inconvenience will be experienced, the tendency being to reduce the natural supply of blood to the brain. It is necessary, therefore, not only to lie down, but to do so with the head to the bows; and it is highly desirable that this position should be assumed before the ship begins to move. There is a secondary advantage to be gained by closing the eyes, and so shutting out the confusion arising from the movement of surrounding objects.

If the philosophical explanation here given be the correct one, which there is no reason to doubt, it adds one more to many unanswerable objections to the device of taking passengers in railway carriages on board gigantic vessels. No relief would be afforded by that plan to the miseries of sea-sickness, since, except in a perfect calm, nothing can prevent the rising and falling of the ship, and the consequent action of the blood upon the brain. The sitting posture would be equally unfavourable with the upright, and there would be, in addition, the common motion of a carriage, which alone, with some persons, produces sickness.

It is well to forbear imagining the miseries of sitting, shut up, face to face, with fellow-sufferers, and, at the end of the voyage, of missing the one consolation of leaving the scene of your sickness, with all its disgusting evidences behind, and getting into a clean and pure conveyance free from late contaminations.

It is beside the subject of this paper to discuss the danger of unstable equilibrium from deck-loading, which must raise the centre of gravity and depress the metacentre; also to hint that engineers may promise immunity from danger, whilst the melancholy fate of the *Captain* forbids us to trust in their scientific calculations. One thing is more than probable, that, in rough weather, deck-loading will produce heavy rolling motion.

Short of the wild idea which goes by the name of the "Ferry scheme" with all its doubtful experiments and certain tremendous outlay, much might be done to alleviate the discomforts of the passage across the Channel. There might be larger vessels, with increased steam-power; better means for embarkation; shorter passages might be ensured, and comfortable arrangements might be made, so that every passenger could recline with the head to the bows of the vessel, whether on the deck or in the cabin. All these points might be ensured without any dangerous experiment, and there can be little doubt that the testimony of passengers would soon prove the efficacy of the plan.—*The British Medical Journal*, March 9, 1872.

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VOL. V.] **May & June 1872.** [NOS. 5 & 6.

UNDER the heading of the *Materia Medica* we were giving the Hahnemannian Remedies, that is, those Remedies which are met with in the *Materia Medica Pura* and in the *Chronic Diseases*. We have been obliged to interrupt the series in the present Number to make room for the following most interesting Provings of Carbolic Acid and Calcareo Phosphorica.

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By TEMPLE S. HOYNE, M. D.

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RESUME.

Symptoms experienced by more than one person, in *italics* ; by more than two, in SMALL CAPS ; by more than three, in LARGE CAPS. Cured symptoms are marked with a*. Symptoms obtained from cases of poisoning, not verified by any one prover,°.

Mental :—

1. *Entire disinclination to study* ; what he had accomplished seemed very trifling, (evening).

Amiable.

Mind clear and active.

Disinclined to work, even correcting proof is fatiguing.

5. Indisposition to attend to professional duties. H.

Disinclination to mental efforts, even to read. L.

Mental and bodily laziness, do not wish to exert myself in any way. L.

Perform my work mechanically, for study is out of the question. L.

Could not concentrate his mind upon anything. L.

10. Not in humor to think or speak, for my head feels muddled, although not paining. L.

When reading cannot fix my attention on it so as to retain it in memory. L.

Can collect thoughts only with an effort. H.

Want of acuteness in thinking. H.

Muddled and confused. H.

15. Loss of memory. H.

Physical and mental exhilaration. L.

Feel dull and stupid.

Dullness of intellect which passed away after breakfast.

Languor. H.

20. Enervation. H.

Melancholy. H.

Cross, lose control of temper readily.

He appeared morose, and much less brilliant in conversation; said he felt mean and drowsy. H.

25. Irritable again at night.

Very irritable since two days. L.

Affection bestowed seems distasteful.

A feeling of sadness with disposition to sigh and yawn. H.

*Hypochondriasis. H.

30. *The patient imagined herself much worse than she really was. H.

Frightened lest I had taken too much of the medicine, and thereby injured my health permanently. H.

Constantly agitated, moaned continuously, and occasionally uttered a piercing cry. H.

Unusually cheerful in the evening.

°Insensibility.

35. Child was unconscious, did not recognize anybody. H.

°Delirium.

Head :—

FOREHEAD : *Aching pain in the forehead, (transient).*

Slight aching pain in the forehead, left side.

Dull pains in the forehead.

40. Burning pain in the forehead.

Slight heat of forehead, especially on the left side. 183.

Forehead feels hot, and the pressure of my cold hand on it gives some transient relief. L.

Pressing fullness in the forehead. L.

Felt a full feeling in the frontal lobe of cerebrum, which increased to a severe headache.

45. *Dull (or heavy) pain running from the forehead to the occiput.*

FEELS AS IF A BAND WAS AROUND THE FOREHEAD.

Feeling of tightness across the forehead, directly above the frontal sinuses. L.

Constriction over the frontal sinuses of short duration. 4.

Awake with a dull, hot, constricted feeling in the head, more especially in the forehead ; followed before rising by an acute, piercing pain in the left supraorbital ridge. This was circumscribed and might have been covered with a silver ten cent piece. 91.

50. The acute, piercing pain lasted only five or ten minutes, and ceased on my rising, leaving the spot where it had been, sore to the touch for more than one day.

Passing pains through the forehead, or right or left temple. L.

Headache in the forehead of a neuralgic character.

Headache in the forehead and temples. L.

Dull frontal headache with chilliness. L.

55. Dull frontal headache with general lassitude. L.

Dull frontal headache over the root of the nose. L.

Dull frontal headache somewhat relieved in the fresh air. L.

Dull frontal headache in the centre of forehead ; rest of brain free from pain. L.

Dull frontal headache as if an India rubber band was stretched tightly over the forehead. L.

60. Frontal headache and oppression of the chest, beginning on the left side and going to the right. L.

A slight headache, and a severe burning pain in the brain, over the eye-brows in the evening. L.

*The pain almost always locates over the right eye, affecting this so that she can scarcely keep it open. H.

VERTEX : Burning pain in the top of the head. 66.

Hard headache in the morning, confined to the upper half of head.

65. Sensation as of fine electric sparks in vertex, changing to a pricking itching, with desire to rub the part, and relief from it. 427.

TEMPLES : Burning pain in the right temple and top of the head.

Dull aching pain in left temple and back of the head, when leaning forward.

Dull aching pain in right side and temple. 76.

Dull heavy pain in left temple through the day. L.

70. Dull heavy pain through the temples, with tight band across the forehead, and tightness in the nose between the eyes. L.

Slight aching in left temple. L.

Band-like constriction from one temple to the other, followed by a dull heavy headache, greatly aggravated by a walk in the open air. L.

Pressure in the left temple, seemingly on the surface of the brain.

Twitching pains through the temples. H.

75. Left-sided neuralgic pains in the the temples. L.

OCCIPUT : Dull aching pain in back of head, and right side and temple.

Back of head feels sore.

Occipital pressure. L.

Dull pressing occipital headache. L.

80. SIDES : Beating pain in right side of head.

Aching pain in right side of head.

The pains are most severe on the right side. 121.

Neuralgic pain in left side of head.

Headache worse on left side. L.

85. Pain of a sharp darting, neuralgic character, changing from one side to another, affecting the eye of the painful side so much that it was difficult to keep it open. H.

SCALP : *Itching of scalp*, first on right side, then on left.

Itching of scalp as if bitten by something.

A small pustulous vesicle, a little to the left of the vertex. P.

GENERAL SYMPTOMS : HEAD HOT.

90. *Dull feeling in the head*.

The dull, hot, constricted feeling, which was severe enough to become an ache at times, (relieved by pressing the head with the hands,) lasted all day long, and until late in the night.

Dull constricted headache, half hour after rising. 49.

Head seemed to swell and felt hot, even as though it radiated heat, as from a hot stove.

Rush of blood to the head, face flushed.

95. Fullness of head all over the brain, with dull pains. L.

Fullness of the brain. L.

Uncomfortable feeling of fullness in the head, with drowsiness. H.

Confused feeling in the head.

Confusion and pain in the head. H.

100. Feel as if I had a cold in the head.

Sore feeling after the headache.

Head feels sore when moving it.

HEAD VERY HEAVY.

Heaviness in the head when leaning forward.

105 Brain felt compressed and painful. H.

*The brain appeared to be compressed as in a tight bandage. H.

Expansive pains in the head, with swimming before the eyes ; hardly able to write. L.

Hard headache most of the night.

The headache did not locate anywhere in particular, but was as bad in the forehead as anywhere else.

110. Headache continued until I went to sleep at night, (all day.)

Headache with nausea ; better from drinking a cup of green tea.

Headache increasing until noon.

*Sometimes the headache is accompanied with sick stomach, sometimes not. H.

Great pain, never had such a headache before ; it is just as if some body were jaggng a sword in and out all around the head ; the least noise makes the headache worse ; walking across the room hurts the head ; wanted to have a bandage tied around the head. H.

115. *Periodical spells of sick headache, the spells recurring at least once a month, and generally during, before or after the menstrual period. H.

Pressure at first relieves the pain for a moment, but if continued increases the headache. However if the pressure was removed, if only for an instant, and then reapplied, it would bring relief for a moment.

Headache disappears while walking about.

Headache disappears after breakfast.

Headache better while smoking, after tea.

120. Headache worse when bending the head forwards.

The head pains are most severe, and worse on the right side.

Pains in the head are constant.

*Retraction of the head. H.

*Cold, clammy moisture on the head. H.

125. All symptoms go from the head downwards. L.

*Meningitis. H.

*Tinea capitis. H.

*Acute hydrocephalus. H.

*Vermin on the head. H.

130. DIZZINESS : Says she is VERY DIZZY.

Feels very dizzy from the slightest motion.

Vertigo with trembling. L.

Vertigo returns as soon as I enter a room. L.

Head swimming and felt staggering like a drunken man. L.

Eyes :—

135. Eyes heavy.

Burning pain in left eye, (transient).

Burning pain in the eyes, worse in the left.

Right eye watery.

Constant watering of the left eye. L. 170.

140. Eyes so painful, that it is difficult to keep them open. H.

Eyes sensitive to light.

Wants the window shutters closed, on account of the light pain-
ing the eyes. H.

Neuralgic twitching in the eyeballs. H.

*Protracted neuralgia of the right eye ; had continued nearly
two weeks.

145. With scarcely any intermission. H.

*PAIN OVER the right EYE. H.

Slight pain over the right eyebrow. P.

All the headache seems to locate itself over the right eye. H.

Felt like rubbing my head and eyes constantly. H.

150. °Livid appearance about the eye-lids, lips and ears.

*Alternate contraction and dilatation of the pupils. H.

°Pupils contracted and insensible to light.

Swimming before the eyes. L.

Things seem to be moving before the eyes.

155. Things look as if they were moving backwards and forwards.

Cannot see across the room.

While writing the letters seem to run together, so that it is
with difficulty I can read what is written.

Reading is impossible, as the letters look blurred, and fade one in
the other. L.

*Cysticercus oculi, (locally).

Ears :—

160. Pressing pain in the left ear, (transient).

The pain in the ear returns from time to time.

Beating pain, with a humming sound in both ears.

Itching of right ear.

Nose :—

Itching of the nose.

165. Tickling in the right nostril with sneezing.

Right nostril plugged up.

Both nostrils plugged up.

Nose tight and stuffed up, with full, tight feeling across the forehead, (morning). L.

Tightness in the nose between the eyes. L.

170. Left nostril stinging, with constant watering of the left eye, and watery discharge from the nose. L.

*Nasal catarrh. H. *Ozæna. H.

Dryness of posterior nares. 244.

When blowing the nose the mucus was bloody ; bright red blood.

Feeling of expansion in the nasal passages. 418.

175. SMELL, decidedly MORE ACUTE.

Watery discharge from both nostrils while in the open air ; ceasing when in-doors ; returning when entering a cold room.

Sensation at left wing of nose as of fine electric sparks ; wants to rub the part repeatedly. 427.

A vesicle formed on the nose, which after twenty-four hours became converted into a pustule ; the pus was pressed out of it three mornings before it healed.

Hawking from pharynx and posterior nares of much white mucus.

Face :—

180. Itching of face ; of right cheek.

Sharp pain about the centre of the cheek as if bitten by a mosquito.

Face flushed, and burns.

Slight heat of face and forehead, especially the left side.

°Countenance pale and anxious.

185. °Face blanched and bathed in perspiration.

*Shallow, soapy and bloodless complexion. H.

Drawing pain in the jaw, right side.

Twitching in the cheeks and temples. H.

Slight pustular eruption on the right side of the face. L.

Mouth:—

190. Putrid discharges from the mouth, throat, nostrils, ears, rectum and vagina. H.

°Mouth and throat full of a thick viscid mucus.

Hyper-secretion of saliva, and could not help spitting all the time, the spittle having a bluish-white frothy appearance. H.

°Foaming at the mouth.

Burning on lips, throat and œsophagus, with heat rising up from the stomach. L.

195. Swelling and soreness, internal side of left cheek, opposite the molars; the cheek is in the way of the teeth when biting (the whole day). 3rd day.

°Interior of the mouth very white.

°Slight lividity of the lips, and tips of the fingers.

Stomatitis. H.

Aphthæ. H.

200. A biting sensation on the tongue. L.

Burning on the tongue, especially on the tip of it. L.

Burning and tingling of the tongue, as if a thousand pins were pricking it. H.

Tongue trembling and like raw beef. H.

Not able to protrude the tongue. H.

205. Tongue parched and fissures in tongue and lips. H.

Shiny, glossy, dry coating. H.

°Tongue dry and chippy.

Tongue dry and covered with thick yellow fur. H.

Aching of teeth of right upper jaw.

210. *Grinding of the teeth. H.

*Toothache.

Sordes.

Taste:—

Nasty taste in the mouth.

Bad, pungent metallic taste. H.

215. Coppery metallic taste on the tongue and upper palate. L.

°Strong tarry odor of the breath.

*Excessive thirst. H.

Constant desire to drink water, which, however, was not retained any better than other substances. H.

Appetite:—

DIMINISHED.

220. NO APPETITE FOR TEA, (supper); for dinner.

Unusual appetite for supper. P.

More appetite in the morning.

Relished my breakfast.

Anorexia.

225. Took a hearty lunch with relief of symptoms, except the frontal headache. L.

Ate hearty at lunch, but though the stomach is full, the heat keeps on rising from the stomach, with the taste of *Carbolic Acid*. L.

Appetite good, but food lies heavily on the stomach. L.

Total loss of appetite. L.

Could eat no dinner, though she had ordered it an hour before. H.

230. Felt as if he had eaten too much.

Throat:—

Throat somewhat sore, right side, evening.

Throat sore; felt somewhat hoarse, as if taken cold.

Throat sore only when swallowing, and pressing upon the upper part of the larynx; worse on the right side.

Soreness worse on the right side.

235. Soreness of the throat on empty deglutition.

Pain in the throat on swallowing.

Sharp stitches in the throat.

The pain in throat comes on every few moments; the pain is sharp and pricking.

Pricking burning in the throat as if she had eaten something strong.

240. *Full feeling in the throat, and constant desire to swallow. L.

*Diphtheria and putrid sore throat. H.

*Pain in the throat extending to the ears; desire to swallow worse on deglutition; pharynx swollen dark-red; *Lach.* 200, relieved; drank a glass of ale in the evening; next day worse, with thirst, heat in the head, and offensive odor from the mouth. *Nux.*, *Bell.*, *Lach.*, *Merc.*, without effect. *Carbolic Acid* 30, 3 drops in water, as a gargle, every four hours. Three applications cured. Underwood.

A *choking feeling in the throat, with disposition to hawk up phlegm. H.

Much mucus in pharynx.

245. Dryness of pharynx and posterior nares.

Hawking of clear white mucus, while in the open air.

Hawking from pharynx and posterior nares of much white mucus.

Throat better, while smoking after tea.

°Spasmodic contraction of the œsophagus.

250. °Spasmodic stricture of the œsophagus, which prevents the patient from swallowing, and causes great difficulty in introducing the tube of the stomach pump.

Spasmodic and painful contraction of the œsophagus just behind the Pomum Adami, while drinking ice-water; painful for several minutes. P.

Feeling of constriction about midway of the œsophagus. H.

Deglutition difficult and breathing obstructed. H.

Burning in the œsophagus and stomach. L.

255. Slight nausea in the throat.

°Mucous membrane of the œsophagus dry and shrunken and of a brownish color.

Gastric Symptoms :—

Stomach seems full of wind.

BELCHING UP OF WIND.

Constant belching up of large quantities of wind.

260. Sensation as if the stomach was filled with wind, which ought to come up.

Wind in the stomach very troublesome; better after raising a sort of sweetish-sour liquid.

*Troubled with flatulence and constipation. H.

Eruclatation of tasteless air.

Eruclatations after a light breakfast. L.

265. *Acid eruclatations and formation of gas. H.

Constant inclination to seek relief by fruitless endeavors at eruclatation, or by pressing the hand into the pit of the stomach. H.

Heavy weight in the epigastrium as though burdened with flatulence. H.

The eruclatations become more frequent while moving about.

Regurgitation from the stomach, which tastes like buttermilk and cabbage.

270. NAUSEA in the stomach.

NAUSEA most of the morning.

Slight nausea in the throat.

Slight nausea with prostration.

After tea, the nausea was better, but she was very drowsy.

275. After tea, the nausea returned and was increased by taking a little sherry.

Nausea with desire to eruclate. L.

Intense nausea, slightly allayed by drinking water. H.

Nausea with shuddering and shaking of the head ; made wry faces ; spat frequently and gave other evidences of sick stomach. H.

Burning ulcerated feeling in the stomach and œsophagus with nausea.

280. *Chronic vomiting. Hale.

*Chronic vomiting in which the presence of sarcinæ was detected. H.

*Could hardly retain anything on the stomach, always vomited shortly after eating. H.

While eating a little breakfast felt every now and then as if he had to get up and vomit. H.

Gastric irritability and vomiting, especially that attending pregnancy. H.

285. *Pregnant sickness. Garraway.

*Vomited every meal immediately after swallowing it, for three years ; hysterical. Garraway.

*Dyspeptic condition of many years standing. H.

In the afternoon, after dinner, long continued hiccough.

Stomach:—

Aching pain in the stomach.

290. Dull, uneasy feeling of the stomach.

*Inflammation of the stomach and duodenum.

BURNING PAIN IN THE STOMACH.

Burning feeling in the stomach steadily increasing, with heat rising up the œsophagus. L.

Burning in the stomach with a sore feeling to the touch. L.

295. Burning ulcerated feeling in the stomach and œsophagus with nausea. L.

The burning feeling in the stomach, as from a corrosive acid, is felt all the time ; still the appetite is good and food digests well. L.

Intense heat and pain in the stomach. H.

*Soreness in the stomach and bowels. H.

Distress in the stomach as from indigestion. L.

300. Sick feeling all around the stomach that represents a first class type of acute dyspepsia. H.

*Has a great deal of pain, changing about from the stomach to the sides, especially the right side and chest. H.

Feeling of pressure in the pit of the stomach. L.

Empty, gone feeling in the stomach, with a fulness in the throat and constant desire to swallow. L.

A feeling of goneness with heavy weight about the stomach. H.

305. Uncomfortable feeling across the stomach and liver. L.

Hypochondria:—

Soreness of the hypochondria, worse on motion. L.

Dull pressing pains in the hypochondria. L.

An aching feeling over the right hypochondrium and along the back. H.

Uneasy sensation in the region of the liver, not a pain, but as if there would be severe pains. L.

310. Dull pain in right side over the region of the liver. H.

*Great tenderness over the transverse colon. H.

Abdomen:—

Aching pain in lower part of abdomen. 500.

Pain and a digging feeling in the stomach and low down in the abdomen. H.

Felt pain low down in the iliac region of both sides. H.

315. Burning pain in lower part of abdomen and top of the head.

PAIN IN BOWELS.

BOWELS FEEL SORE when walking. L.

Bowels feel bloated and sore.

Bowels bloated and full of flatus, three hours after a meal.

320. Feel as if the gas in the abdomen was incarcerated.

Rumbling and rolling in the abdomen with a sense of distension.

Rumbling in the bowels; a feeling as if diarrhoea would come on after walking about.

*Flatulence of old age, depending on imperfect digestion. H.

Emission of putrid flatus.

325. Emission of large quantities of flatus all the evening.

*Frequent recurrence of colic-like pains. H.

Jolting during riding affects unpleasantly the abdominal organs, which feel hot and sore. L.

A sensation of fulness with burning on the outside of the abdomen. L.

A sinking feeling all over the abdomen. H.

330. While sitting, a crampy stitch in left inguinal region.

Abdomen retracted or sunken in about the navel. H.

Abdominal muscles feel sore.

Itching of lower part of abdomen, as if bitten by something.

Anus and Stool.—

The anus itches and feels as if the skin was rubbed off.

335. Great tenderness in the rectum at all times. H.

Bowels rather costive. L.

Bowels seem torpid, but not costive.

*Sluggishness of the bowels accompanied by offensive breath. II.
Stools always inodorous, though copious in quantity. H.

340. Desire for a stool all day, although I had had a natural movement in the morning.

Two natural stools per day, which is unusual, having generally but one passage in two days.

*Stools while taking the *acid*, free and comfortable, and consistent, and at intervals of 24 hours, whereas they had been constipated and attended with tenesmus and a disposition to piles before. H.

*Cholera. H.

*Tenesmus. H.

345. *DIARRHŒA.

*DIARRHŒA, resulting from bad drainage. H.

*Periodical spells of diarrhœa followed by constipation. II.

Diarrhœa having three watery evacuations within a short space of time, accompanied with pain and sick stomach. II.

*Cholera infantum, rice-water discharge, and of very offensive odor, resembling that of foul eggs. H.

350. *Dysentery. H.

Bloody and mucous discharge appearing like shavings of mucous membrane. H.

Worms especially the oxyuris vermicularis. H.

*Piles. H.

*External, sometimes internal and bleeding piles. H.

355. Fistulæ. H.

Urinary Organs:—

URINE INCREASED, and had a strong smell.

Passed urine more often than usual during the night.

Urine less in amount.

Unusually free flow of urine—normal in color, odor and quality.

360. The urine was voided about once in two hours, and was large in quantity—quality, normal.

Passed a larger quantity than usual. P.

*Micturated freely an excessive quantity of saccharine urine. H.

°Copious flow of limpid colorless urine.

°Enormous quantity of urine, its odor slight but peculiar, not that of carbolic, nor of normal urine.

365. *Obliged to void urine three times every night, and no less than a pint each time,—greatly debilitated thereby. H.

*Frequent micturition. L.

Frequent desire to urinate accompanied with burning pain in the urethra and a dull steady pain in the pubic arch. H.

*Urine smelt strongly of *Carbolic Acid*.

Greenish tinge of the urine. H.

370. *Greenish urine after scarlet fever. Williamson.

Black urine.

Genital Organs :—

Male : Sexual appetite very much decreased.

Awakened by unusual strong sexual excitement.

Itching of scrotum and inside of thighs, relieved by scratching, but it soon returns.

375. Intense burning-itching of the genitals.

*Gonorrhœa, (as injection). H.

Female : Menses came on two days later than usual, and were more profuse.

MENSES MUCH MORE PROFUSE, and darker color than usual, followed by headache and great nervous irritability for twelve hours.

*Mucous tubercles on the labia and inside of the thighs, with discharge from the vagina.

380. Menses regular. H.

*Menses irregular. H.

Irregular menstruation and great flow when it comes, and lasts many days with very depressing effects. H.

Climacteric trouble. H.

In puerperal fever, and its anticipation. H.

385. *Puerperal fever ; high fever alternating with oft recurring chills of short duration, afterwards profuse sweat with restlessness ; increased tenderness over region of uterus, and in right iliac fossa ; pulse 160 ; diarrhœa, involuntary stools of intolerable odor ; lochia suppressed ; craving for food ; thirst. (*N. Y. Med. Jour.*)

Copious discharge of fetid, greenish acrid matter from the vagina. H.

Has had four miscarriages that were very tedious, and accompanied with great loss of blood, followed by œdema of the feet, hands and face, with soapy, colorless complexion. H.

Catarrh of the womb. H.

Menorrhagia. H.

390. Leucorrhœa. H.

Ulceration of the womb. H.

*Ulceration of cervix uteri, after caustics ; constant discharge of a dark-greenish color, excoriating and always worse after the menstrual flow, which was very profuse amounting almost to metrorrhagia, and continuing six or eight days, (local application).

Pain in region of left ovary when walking in the open air, soon subsiding. L.

Pain in left ovary when walking in the open air, of short duration. L.

395. Dragging sensation across the loins and through the pelvis. H.

Larynx :—

Short hacking cough, with tickling in the throat.

Constant inclination to cough.

Left side of larynx very sore when pressed upon ; not true of the right side.

Irritation of the throat, causing a short dry cough.

400. Expectoration of a large quantity of thick *whitish mucus*.

Tickling, irritating sensation in the upper part of the trachea and fauces. H.

Troublesome cough, accompanied with foul, tenacious expectoration. H.

*Occasional short, hacking dry cough. H.

Coughed to clear the bronchi ; expectorated a little.

405. *Catarrhal croup.

*Whooping cough. F. A. Lord.

*Whooping cough, with redness of the face, watering of the eyes and frontal headache.

Chest :—

Respiration free and deep—inclination to take a deep breath.

°Respiration stertorous and smelling strongly of the fluid.

410. °Respiration impeded.

*Respiration uneven and irregular, being sometimes more and sometimes less frequent than natural. H.

°Respiration irregular, stopping at times, and starting again, although the heart's pulsations were inaudible.

Dyspnoea and respiration very irregular, accompanied with palpitation of the heart, especially at night. H.

Patient yawned every now and then, and took long inspirations. H.

415. Chest feels as if compressed, or as if a load were pressing in front, with desire to dilate it. L.

Oppression of the chest. L.

Oppression of the chest requiring great effort to fully inflate the lungs. L.

While walking out of doors, feeling of expansion (of lightness) in the lungs ; also in the nasal passages.

Feeling of narrowness in the chest as if the diaphragm oppresses the lungs. L.

420. Tight pressure in both lungs, especially in the centre of chest. L.

Slight uneasy pains in right lung.

Dull pain through upper lobes of lung. L.

Transient dull pain under the left clavicle. • L.

Dull pressure under the sternum in the region of the sixth rib. L.

425. Dull aching pain, in whole left side of chest and abdomen, running around to the shoulder-blades.

Sensation as of fine electric sparks on the sternal end of right clavicle ; later, on middle finger of left hand ; later on vertex, changing slowly to a pricking-itching, with desire to rub the part, and relief from it.

Phthisis and chronic bronchitis. L.

Heart :—

Stitches, in region of the heart.

*Organic valvular heart disease, consequent upon inflammatory rheumatism eight years previously. H.

430. *Fearful beating of the heart, especially at night, accompanied with great dyspnoea.

*Bellows murmur very strong and distinct at all times, especially over the region of the mitral valve. H.

*Obliged to walk very slowly in consequence of heart disease. H.

*Heart disease always worse at night, and upon the least indiscretion in diet. H.

Back :—

Itching of back ; of back of neck.

435. Aching pain across the small of the back, and in the lower limbs.

Severe aching pains in the small of the back, somewhat relieved, by pressing the hand against it. L.

The dull aching pains extend from the spine down the posterior muscles of the thigh. L.

Pressing, boring pains in the small of the back. L.

Pains in the small of the back increase ; it hurts to straighten myself, and they get still worse by riding, where the jolting aggravates. L.

440. Tired sensation in the renal region. ,

Pain in the back across the 5th, 6th and 7th dorsal vertebrae. H.

*Severe pains in the lumbo-sacral region, which had existed more or less, mostly during the latter part of the night, for two years. H.

, Itching between the scapulae. L.

Curvature of the spine. H.

445. Back feels weak and sore. L.

Lameness in back of neck and shoulders.

Soreness of muscles of back and limbs.

General soreness, worse in back, abdomen and chest.

Soreness of muscles of neck.

450. Neck feels lame and stiff, when moving the head.

Drawing in muscles of neck (right side), think in *splenius capitis*.

While walking rapidly, after dinner, had jerking in the left common carotid artery.

Jerking in left external carotid artery.

Upper Extremities :—

Drawing pain in the left arm from the shoulder to the elbow, (transient).

455. Constant tired, heavy feeling in left arm.

Soreness of the muscles of the right arm.

Aching pain in left arm and right wrist.

Aching pain in left forearm.

Creeping, shuddering, or horripilation in the left forearm, running upwards. P.

460. Rheumatic pain in right shoulder joint, all day, passed off suddenly in the evening. P.

Lameness and soreness of right shoulder while walking.

Aching pain in right shoulder when bending forward.

Acute but transient pain in right shoulder joint.

Aching pain in left shoulder joint.

465. Itching of left shoulder, left elbow, arms, right forefinger.

Contracting pain in the palm of the right hand.

Numbness of the skin of the hands.

Peculiar feeling of stiffness and discomfort (puckering) of the entire hand, which remained until night.

Tingling-itching in little finger of right hand, soon after in the left.

470. Sensation as of fine electric sparks on middle finger of the left hand. 426.

Appearance of a small pimple on middle finger of left hand, which increased in size until it became a sore resembling a carbuncle. The flesh suppurated until a probe could be passed nearly through the finger.

(From the direct application of the *acid*).

°Lividity of the tips of the fingers. 197.

Cold hands and feet. L.

Trembling of the hands, cannot write steadily. L.

475. Pain in second phalangeal joint of middle finger of right hand. P.

Lower Extremities:—

Aching pain in lower limbs.

Tingling in the lower extremities. L.

Lower extremities feel as heavy as lead. L.

Aching pain in both hips.

480. Occasional pains in hips and shoulders.

Transient aching pain in right hip.

*Carbuncle on hip of a lady, aged 50. H.

Coxalgia. H.

Transient aching pain in the right hip and left knee.

485. The pain in the hip has gone to left shoulder.

Very severe aching pain in the right hip joint, felt only while walking, not when sitting still.

Sore all over, especially legs, (gluteal muscles), back, chest and arms.

Transient pain in muscles of right thigh.

Drawing in right thigh and right zygoma. L.

490. My thighs feel bruised, my back weak and sore, and my chest as if compressed. L.

While walking, bruised pain in the middle of anterior part of right thigh, deep seated, and lasting only for a few minutes. P.

Deep seated muscles pain on the inside of the upper third of the left thigh, that almost makes me walk lame, lasted from five to ten minutes. P.

Itching inner side of left knee, outside of thigh, inner part of thigh, right thigh, left hip, buttocks, shin, calf of leg, ankles.

Sensation just below the knee on the shin, as if it was touched with a piece of ice.

495. Pain on inside of left knee joint, lasting for a considerable time. P.

Slight pain under the right patella of short duration. P.

Aching soreness beneath the left patella all day up to 4 P. M.; feels like it would be stiff and sore to move it, but on the contrary during motion it is not felt at all. P.

Aching pain to the left of middle of left shin bone.

Sharp pain in left shin,

500. Aching pain in right ankle and lower part of abdomen.

Dull pain in right ankle and left knee, most of the morning.

Pain in left outer malleolus. P.

Severe, bruised pain beneath the left tendo-achillis, close to posterior part of tibia, as if I had been struck with a club ; in a few minutes it disappeared for a short time, when I had a sharp pain in middle joint of large finger of left hand ; this pain was only momentary, when it went back (but less intense) to the leg again. P.

Pain in under surface of big toe of left foot. P.

505. Tingling in the left great toe, followed by a feeling as if pressed on.

Pain in the right great toe as if pressed on.

Pressing pain in left great toe.

Feet feel heavy.

Sharp stinging pain through corns.

510. °Feet and hands cold.

Feet feel as if bruised all the time. L.

Fetid perspiration of the feet and armpits. H.

My feet, though lying flat on my back, felt as if they could not support me any more. L.

There was a faint feeling spreading from the thighs all over me ; and burning, ulcerated feeling in the stomach and œsophagus, with nausea. L.

515. Trembling, uncertain, staggering walk. H.

Easily fatigued by the least walk. L.

*Must walk very slow. H.

Carious bones ; necrosis ; osteo-sarcoma ; sinuses. H.

Fever :—

Pulse quick ; °feeble ; *intermittent* ; slow ; small, (60 to 120.)

520. Pulse 120, and very weak.

°Pulse labored.

*Pulse irregular. H.

°Pulse very intermittent, and so feeble that it could with difficulty be counted.

°Feeble and flickering pulse, and breathing with much difficulty.

525. Flurried and feverish, pulse at 96. H.

In a hot room a momentary chill runs from the face downwards. L.

Sleepy and chilly, although sitting in a room with a good fire. L.

Slight chilliness while sitting in a warm room, (74°.)

Chilly sensations while at breakfast.

530. *Chilly Sensations* ; pulse 78.

Very chilly when in the open air.

Face flushed ; soon chilly.

Room feels close and hot.

Woke up (in the night) feverish, although the window was open and the room quite cold.

535. Woke up in the middle of the night, and found that he was bathed in perspiration.

Great heat of the body. L.

Was covered with perspiration. H.

*Fever changing, being sometimes more and sometimes less. H.

Typhoid and low miasmatic fevers. H.

540. Fever of the enteric type. H.

*Intermittent fever, proving intractable under *Quinine*, with enlargement of the spleen. (*N. Y. Med. Jour.*)

*Scarlet fever ; sleeping uneasily with eyes half closed ; twitching of hands and limbs ; starting from sleep ; delirious, talking constantly ; moaning ; tossing from side to side ; pulse 160 ; tongue thickly coated in centre with yellowish-white fur, dotted here and there with projecting red papillæ ; throat so inflamed within and without, that swallowing is difficult and painful, and even breathing impeded ; nasal membrane so tumefied as to necessitate breathing through the mouth ; lips dry, cracked and very painful ; she can hardly open her mouth sufficiently to permit an examination of her throat ; odor of breath almost unbearable ; fauces fiery-red and greatly swollen ; patches of diphtheritic exudation cover thickly both tonsils, and even the posterior wall of the pharynx ; the fur disappearing from the tongue leaving it of a glossy-red color, roughened with enlarged papillæ, stiffened and swollen ; also near its tip are a few spots of exudation ; urine scanty and red ; has an operation of the bowels as often as once an hour ; the eruption is not diffused equitably over the entire surface, being interrupted in many places, and is of a dusky red color. Innumerable small (miliary) vesicles exist generally over the body. (Nichols' *Sol. Carbolic acid*, and a gargle of a weaker solution).

Sleep :—

YAWNING.

Incessant yawning.

545. Constant inclination to yawn. L.

Feel languid and sleepy.

Could not get to sleep.

Sleep prevented for several nights by intense pain in the sore hand.

SLEPT WELL.

550. Slept well, but had to rise about five to urinate ; very unusual. P.

*Sleep profound and refreshing. H.

*Patient slept soundly all night and awoke refreshed. H.

Sleepiness with desire to stretch. L.

Sleep not refreshing.

555. Slept heavy ; awoke sore all over, especially legs (gluteal muscles), back, chest, arms.

Restless sleep the whole night with busy dreams. L.

Felt sleepy all the afternoon, but could not fall into a sound sleep. H.

A fear of impending sickness came over me as soon as I retired to bed. L.

Wakes often during the night.

560. Woke up in the middle of the night and found that he was bathed in perspiration.

Wokes frightened, paralyzed with fear.

Awakened by unusual strong sexual excitement.

Awake earlier than usual, amiable.

Awoke feeling better.

565. Awoke with clear intellect, can work.

Awoke with a dull, hot, constricted feeling in the head. 48.

Awoke with a dull, frontal headache and burning in the throat.

L.

Passed urine more often than usual during the night.

Dreams of fire ; so vivid was the dream that he was awakened.

570. Dreams of traveling.

Had a great many dreams, some amorous, others I was unable to recall.

Dreamed of great mental activity.

Dreamed much, but cannot now (A. M.) recall the subjects.

Dreamed that she could not get to sleep on account of thinking about the body I had embalmed ; thought she tossed about and then tried to wake me, to give her some medicine to stop thinking ; she thought she could not wake me, and pulled me out of bed ; and that I was bathed in perspiration, face pale ; thought I was dead. She could not at first be persuaded that she had been asleep. Gave her a dose of *Nux* and she dropped to sleep at once, and slept soundly.

575. °Coma.

Tendency to coma.

Skin:—

Itching of the skin of various parts of the body; scalp, back of neck, left shoulder, left elbow, arms, right forefinger, buttocks, right thigh, outside of thigh, inner side of left knee, shin, calf of leg, ankles, face, nose, right cheek, abdomen, scrotum, genital organs.

*Smarting of the skin.

Itching relieved by scratching, but it soon returns.

580. *Skin cold and clammy.

*Skin cold and moist. H.

*Offensive smell from the cutaneous surface, so that it is disagreeable to everyone in the room. H.

Erysipelas. H.

Slight ERUPTION OF A VESICULAR CHARACTER all over the body.

585. A small vesicle formed on the nose which changed to a pustule the next day. 178.

Vesicular eruption on the hands and all over the body which itches excessively; better after rubbing, but leave a burning pain. Neither *Ars.*, *Rhus.*, or *Sulph.* had any influence over it. Disappeared after eighteen days without further treatment.

*Pustular eruption.

Distinct varioloid pustules appearing two days after taking the medicine, H.

*Acne, *eczema, *impetigo, *scabies, *psoriasis inveterata.

590. *Pediculi pubis; pediculi of all kinds, (weak solution). H.

*Leprosy.

*Prurigo; *pityriasis versicolor. H.

Lupus; carbuncles and cancerous sores. H.

*Sloughing wounds; *chronic ulcers. H.

595. *Foul ulcers connected with cases of leprosy. H.

General Symptoms:—

Complains of being very tired.

Cannot walk straight.

GREAT LANGUOR.

The pains seem to affect the right side first, and afterwards the same parts of the left.

600. The pains though often acute have not been excruciating, have appeared most frequently on the left side, came and went very suddenly, and generally lasted but a short time; they generally affected the muscles and joints but not the bones. P.

All symptoms go from the head downwards. L.

Symptoms passed off during the evening. L.

Easier in the afternoon, being much exposed to the wind which cools my heated brain, but vertigo returns as soon as I enter a room. L.

Felt badly the whole day, especially from the burning in the stomach, with a sore feeling to the touch. L.

605. *Itching of various parts of the body.*

Feels as if he had taken a violent cold.

Soreness as if I had taken much cold—think I have not.

General soreness, worse in back, abdomen and chest.

All the muscles prominently used are sore and stiff.

610. Feel dull and heavy generally. L.

Patient feels sick and squally all over. H.

Great prostration. H.

Physical exhaustion. L.

Feels languid, must lay down to rest after a light day's work.

615. Very tired at night and not at all amiable.

Faint feeling spreading from the thighs all over, with burning ulcerated feeling in the stomach and œsophagus, with nausea. L.

While administering chloroform to a patient, had to rush for fresh air to keep from fainting. The chloroform seemed to affect me as much as the patient. L.

*Cannot ascend stairs or any acclivity without being greatly exhausted thereby. H.

Wants to smoke a cigar and thinks that will relieve him. H.

620. *Amelioration from green tea.*

Amelioration in fresh air, but riding lulls me to sleep, and walking is an exertion. L.

°Convulsions.

*Partial convulsive movements. H.

Rickets. H.

625. °Body much swollen a short time before death.

°The patient fell from her seat to the floor.

°The child lay in its father's arms insensible to all external objects, but in a short time recovered itself. H.

CHARACTERISTICS.

Intensely bad smell from the mouth in diphtheria. B. F. Underwood and A. R. T.

Always an involuntary discharge of mucus from the anus when urinating. Jas. Kitchen.

Vomiting of pregnant women, with frontal headache and great irritability. Hoynes, (several cases).—*Am. Journ. Hom. Mat. Med.*, May 1872.

POSTSCRIPT.

Mr. J. N. Mitchell of Philadelphia reports, in the same *Journal*, the following symptoms which were developed in his own person by the application of Carbolic Acid to the cavity of a carious tooth for severe tooth-ache :—

Constant giddiness, not relieved by shutting the eyes.

Giddiness relieved by walking fast in the open air, worse again by sitting, so much so that he had to hold something to prevent his falling.

The giddiness was followed by a constant dull pressure and pain in the occiput, and the muscles of the back of the neck, especially just behind the ears.

Head felt as if enclosed in a band, which at times would seem to be compressed, and crushing the head, especially at the temples.

Sensation on top of head, as if the brain was swashing about.

On stooping, a sensation of coldness in one spot similar to the cold sensation experienced when a nerve in a tooth is touched. This sensation was followed by a clammy sweat.

Became unfit for study, as every exercise at reading increased all his symptoms, especially the pressing at the occiput. Nevertheless unusual quickness of the intellect and desire for intellectual works.

Very severe orbital neuralgia over the right eye.

A constant dark spot in front of the left eye.

Constant humming-buzzing sound in the ears, although the hearing did not seem to be affected.

Appetite unaffected.

Digestion as usual.

Bowels seemed somewhat more sluggish than normal, the stool being insufficient, though the bowels moved regularly every morning.

Constantly a sensation of distention in the abdomen as if it was full of wind, though he was not able to discharge any.

Constant feeling of desire to pass a stool, and a sensation as if there was a quantity in the rectum, but he had never more than one regular stool in the morning.

Sexual organs in an unusually relaxed, weakened state during the day, but regularly every night had lascivious dreams with seminal emissions, which weakened him greatly and filled him with horror.

Constantly heavy and sleepy, but when he would lie down to sleep, he would be perplexed with dreams, and would wake up unrefreshed with coated tongue and nausea.

He would get into an absent minded abstracted condition, from which he would start when any one spoke to him, and would find himself at times in a nervous tremor when spoken to suddenly.

A very great sense of a weight on his necks with a tenderness even to the touch, over the seventh cervical vertebra.

CALCAREA PHOSPHORICA.—RESUME OF PROVINGS AND CURES.

BY CONSTANTINE HERING, M. D.

Mind:—

Anxiousness, with other complaints.

Anxiety of children ; in pit of stomach ; with bellyache ; with chest complaints ; with palpitation.

She wishes to be at home, and when at home, to go out ; goes from place to place.

Ailments from grief, disappointed love.

5. Does not want to do what he has to do.

Likes to be alone.

Involuntary sighing.

Stupid indifference ; cretinism.

Feels as if she had been frightened.

10. Unpleasant news brings him beside himself ; sweat breaks out ; inclined to indignation and anger.

After vexation depressed, as if lame ; cannot work, hardly walk ; gets a looseness of bowels.

Peevish and Fretful Children.

Often screaming and grasping with the hands ; cold sweat in face ; body cold ; children with open fontanel.

Obtuse intellect ; difficulty in performing intellectual operations ; cannot clearly distinguish.

15. Writes wrong words or the same words twice.

A lack of definiteness of memory.—*Jones.*

Loss of all memory.—*G. II.*

Forgetfulness ; forgets what he did a short time ago.

When thinking about it, they feel their complaints worse.

Sensorium:—

20. Vertigo when getting up or rising from sitting.

Old people stagger when getting up from sitting.

Vertigo, with other ailments ; a dull headache ; nausea ; complaints of eyes, neck ; limbs ache ; with costiveness of old people ; with leucorrhœa before catamenia ; in motion, walking in the open air ; worse in windy weather.

Feeling of fulness and confusion, or a dulness accompanying the headache all along.

Throbbing headache through both sides, most after quick motion.

25. Heat in head; burning on top, running down to the toes.

Fulness; pressure and dulness of head; worse from pressure of the hat.

*Hyperæmia of brain.

*Hydrocephalus congenitus.

Acute hydrocephaloid, with cholera infantum.—*Raué.*

30. Dulness with every headache; cold washing betters it; increased by bodily exertion; lessened by mental occupation.

Head:—

Pressure above the eyes and towards them.

Headache over forehead, with a tearing pain in the arms and hands, most wrists and right middle finger.

Headache on top of head, behind ears, with a drawing in the muscles of the neck to the nape of the neck and back of head.

Aching drawing pains around the lateral protuberances of the occiput.

35. Headache with gastric symptoms, with uterine complaints, or following other sensations.

*Headache of school-girls, with diarrhœa.—(Lippe.)

Headache worse from changes of weather, extending from forehead to nose, from temples to jaws, with some rheumatic feeling from collar-bone to wrists.

EXTERNAL HEAD.—Sore pain; drawing, rending, tearing in the bones of the skull, most along the sutures of the skull, particularly between the frontal and parietal bones, or around the temporal bones.

Affections of the skull.

40. *Skull soft, thin; crackling noise like paper; crepitation when pressed; most in the occiput.—*Beneke.*

*Fontanels remain long open, or had closed and re-opened again, most in the vertex.—*B.*

Tight feeling; tension in scalp of forehead.

Crawling sensations run over top of head, as if ice were laying on upper occiput; the head is hot with smarting of root of hair.

Scalp sore, hurts; creeping, numbness, cold crawl; coldness on occiput; heat.

45. *Itching, black scurfs; poor crop of hair, or losing them.

*Impetigo on scalp.

*Scrofulous ulcer on top of head.—*Beneke.*

*They cannot hold the head up; move it from place to place; head totters.

*Child of 18 months: light hair; great fontanel wide open; wants corn beef and potatoes; takes no interest in anything; stupid face; shuts the eyes; generally worse towards evening; somewhat improved by Opium; cured by 1st tritur. (*Neidhard*) 2nd evening and morning.—*Raue*.

Eyes:—

Cannot read; light hurts, particularly candle-light.

50. Using eyes with gas-light hurts them.

Veil over eyes, eyes misty.

Letters change in little black points, or small round gray spots, or as if a little bird was flying from right to left.

Glimmering, glittering, fiery circles; dreams of fire.

*Amaurosis.

*Cataract.—*Raue*.

55. Eyeballs hurt, aching as if beaten.

Eyes water, most with gaping.

As if something came into his eyes; renewed if others talk about it.

*Conjunctivitis.

*Ulcers on cornea.

Eyes red; capillary vessels visible in streaks from corners to cornea.

60. Cool feeling toward eyes; behind eyes.

Squinting; distortion of eyeballs, as if it were from pressure; eyeballs seem distended; they protrude somewhat.

Hot feeling in lids; sweat of the brows on lids.

Furuncle between the right eyebrow and upper lid; eye inflamed; lids falling or closed, most in the morning.

Ears:—

Difficult hearing with all other ear symptoms.

65. Singing and other noises, most in right ear.

Cold feeling in the ears; coldness followed by throbbing, by heat, with hard hearing, outer ears cold; cold and aching, or hot and aching.

Soreness in ears and around.

Earaches, tearing, shutting, jerking pain, in alternation or with other rheumatic complaints.

Aching, pressing, tearing, rending in and around the ears, most behind or below.

65. All the bones behind and around the ears ache and hurt, shooting outwards.

Ears cold ; point of nose cold.

Heat of inner and outer ear.

Inner and outer ear swollen, red, sore, itching.

Pimples on the ears.

70. Burning itching of outer ear in a warm room.

Excoriating discharge from ears.

Large ulcers above or around the ears and in region of parotid gland.

Aching, sore pain in the region of parotid gland.

Burning pain on a small spot over the right ear, highly sensitive to the slightest touch.

75. Pain in the processus zygomaticus.

Nose:—

Tickling in the nose and sneezing.

Sudden sneezing and soreness on edges of wings of nose ; running coryza during the forenoon.—*Cate.*

Streaks of blood ; *nose bleeding afternoon.*

Coryza running in a cold room, stopped in warm air and out of doors.

80. Chronic catarrh in scrofulous children.

*Large pedunculated nasal polypi. —*Guernsey.*

Point of nose icy cold.

Itching on point of nose.

Biting stinging in front corner of left nostril ; later right nostril ; sneezing and running of tears.—*Jones.*

85. *Swollen nose, with sore nostrils ; small abscesses ; ulcers with scrofulous children.

Face:—

Pain in face, particularly in upper jawbone, from right to left ; extends from other parts to face, or from face to other parts.

Heat in face with the chill or with other complaints.

Heat in face in the evening.

Face pale, sallow, yellowish, earthen.

90. Cold sweat on the face ; body cold.

*Copper-colored face, full of pimples.

Swollen upper lip ; painful, hard, burning.

Gums and Teeth:—

Slow, backwards in teething, also in closing of fontanels.

Slow dentition, with cold tumors and emaciation.—*G.*

95. Toothache, with other complaints.

Shooting in molar teeth ; all the hollow teeth cannot bear the air.

Pains in eye and stomach teeth.

Teeth cannot bear chewing.

Tongue :—

Flabby, sweetish taste.

Disgusting taste, when getting awake ; worse when hawking.

100. Bitter taste, particularly wheat bread tastes bitter.—*Cate.*

Bitter taste in the morning, with headache.

Bitter taste at the setting in of the catamenia.

Foul taste and smell.

Tongue white ; furred on the root, most in the morning.

105. Tip of tongue sore, burning, little blisters.

**Tongue swollen, numb, stiff, with pimples.*

Mouth :—

Dryness of mouth and tongue into choanæ, with salivation, with or without thirst.

A sore spot inside of right cheek. Jones and B., distant in time and space and from different preparations.

*Saliva running with fluent coryza.

110. ROOF, PALATE, UVULA, TONSILS.—Sensation of weakness or emptiness in fauces and throat.

Pains and *burning* from other parts towards the throat.

Dryness in the throat at night.

Hawking up phlegm in the evening, at night and in the morning, with gagging.

Sore throat and running of the nose.

115. *Sore Aching in Throat ; Worse when swallowing.*

When swallowing, pain in tongue, fauces, pharynx, chest and pit of stomach.

Saliva hurts to swallow, not food.

Fauces and uvula red and swollen ; warm drink does not hurt.

In the evening sore throat with a tickling cough, increasing after going to bed.

120. Burning in pit of throat.

APPETITE, HUNGER, THIRST.—No appetite from noon to noon, but if thinking about it she wants to eat.

Complete want of appetite before or with catamenia.

Unusual hunger at 4 P. M.

Infants want to be put at the breast all the time.

125. Much thirst with a dry mouth and tongue, after part of the day.

Gastric Symtoms :—

With his dinner, vertigo and loss of memory.—*Neidhard.*

At every attempt to eat, bellyache.—*G. Bute.*

After breakfast, belching, hawking, gagging, nausea.

After the meals, more after dinner, headache or drowsiness, weariness, itching, etc.

130. One hour after dinner dull pain in stomach, with soreness when pressing upon it; one or two hours after dinner, heart-burn and other gastric symptoms.

After supper a pressure in rectum, with a stool; the first hard, the last thin.

After drinking cold water, cutting in belly.

Eating ice-cream in the evening gives him the colic, and he has to vomit next morning.

Juicy fruit or cider causes diarrhoea.

135. Belching all forenoon with squalmishness.

Sour belching and gulping up.

After belching a burning in epigastrium.

Heart-burn one to two hours after dinner.—Cate.

Nausea, rising from the pit of stomach, when moving; better at rest; followed by headache and lassitude.

140. Nausea from smoking or after drinking coffee.

Vomiturition from hawking phlegm.

Vomiting, with trembling of hands.

Children vomit often and easy.

Stomach:—

Indescribable uneasiness in region of stomach.

145. Flabbiness of stomach. Comp. 110.

Sharp cutting or cramp-like pain in stomach, with headache.

Stomach as if expanded.

Pressure in stomach; lessening when she rests.

Burning at the stomach and rising of water into the mouth (water-brash.)

Abdomen:—

150. Throbbing in right hypochondrium; lessened after belching or passing wind.

Stitches or shooting in region of liver, when taking a deep breath.

Hardness, soreness, pressure in right side.

Sharp pain in region of spleen.

Pressure and soreness in left side.

155. Stitch in left side while breathing.

Severe pain in region of transverse colon, 3 P. M.

An empty sinking sensation at the epigastrium, 7 P. M.

Emptiness or sinking around navel or in whole belly.

Motion in belly as of something alive.

160. Pinching, shooting, stitches, running, kicking; moving in left side of belly.

Cutting, pinching, sharp colic, followed by looseness.

Burning in epigastrium; in region of navel; in whole abdomen, rising up into the chest, into the throat.

Abdominal pains, with headache, earache, hot face, pain in groins, looseness of bowels, weary legs, crawls; or in alternation with headache, burning throat, uterine pains, lassitude.

Bellyache less after passing wind, after stool or after leucorrhœa.

*Incipient mesenteric tabes with much diarrhœa, fœtid, sometimes lenteric (after Jod., Merc., Ars.).—*Chapman.*

165. *Aching soreness and pain around navel; lessens after fœtid wind passes off.*

*Oozing of a bloody fluid from the navel of infants.

Sore aching in left loin.

Aching soreness, cutting, drawing in left groin, latter in right.

Warm feeling in the groins; burning aching pain.

170. Outside wall asleep, numb, quivering, aching, etc.

Single stitches in rectum towards the anus, or shooting in anus.

Rectum and Anus :—

Heaviness and urging, with constiveness, or after looseness.

Wind passes off with a stench.

Watery looseness day and night, with an urging after the stool, every 15 minutes.

175. *Diarrhœa during dentition, with a great deal of wind.—*Lippe.*

*Greenish thin stools of children, sometimes slimy.

Diarrhœa after vexation.

*Soft stool pass with difficulty, with the headache of school-girls.—*Lippe.*

*Hard stool, with depression of mind, causing headache with old people.—*Lippe.*

180. Bleeding after stool, or with a soft stool followed by slime; protrusion of piles after short buzzing in ears; very weak feeling in male sexual parts.

Sore aching in anus when getting up in the morning.

Sore feeling in anus, most outside, with stitching, burning, throbbing.

Warmth, burning, pulsating in anus; bearing down towards anus.

Itching in anus; most in the evening.

185. Protruding piles, aching and itching, sore; oozing out of a yellow fluid.

*Hæmorrhoids, itching, protruding, sore aching, oozing fluid.

Small furuncle near anus to the right, with much pains; cannot sit; has to stand or lie on left side; discharges blood or pus, and remains a painless fistula. (2 provers).

*Fistula ani alternating with chest symptoms.—*C. Hg.*

Urinary Organs:—

A pressure in abdomen, with a difficulty to prevent escape of urine.

190. Pressing pain most on right side of bladder.

Sore aching in bladder; worse after micturition.

Violent pain in bladder and all neighbouring parts.

A painful sensation in the neck of the bladder, like that, when having the stream suddenly stopped.

Shooting in the mouth of bladder.

195. Frequent urging to make water.—*Cate.*

Cutting pains in urethra.

More urine with flocculent sediment.

Dark urine, warmer than usual, and of penetrating odor.

Diaper reddish yellow.—*Becker.*

200. Phosphatic diathesis.—*G.*

Large quantities of urine with a sensation of weakness.—*Gf.*

*In diabetes mellitus, where the lungs were implicated, of very great service, not only to the lungs and bladder, in diminishing the quantity of the urine and lowering its specific gravity.—*Dr. Hamilton, Br. Q.*

Before urinating, cutting in bladder, pressing down, cutting in urethra.

While urinating, drawing in bladder upwards (female), burning in urethra, hardness (male).

205. *After urinating*, cutting and burning in urethra (male); pressing and cutting in bladder, deep into the left (female); relaxation and weakness of the organs (male).

Male Sexual Organs:—

Sexual desire first increased; with others decreased.

Erection, while riding in a carriage, without desire.

210. Shooting through perinæum into the penis.—*Jones.*

Shooting in the root of penis and bladder.—*Brugger.*

Erection painful, with burning in urethra and a tension in the penis in the evening.

*Swelling of testicles.

*Itching of scrotum, sweating, soreness, pimples.

215. *Scrotum sore, oozing of a fluid.

FEMALE SEXUAL PARTS.—Nymphomania, all organs in erection, with insatiable desire, particularly before catamenia.

Voluptuous feeling, as if all the female parts were filling up with blood; she feels the pulse in all the parts, with increased sexual desire.

Pressure, drawing and sore feeling, as if catamenia should appear; aching, pressure in uterus and vagina, in the loins; flushes of heat; fatigued from going up stairs; pain from right groin into the left hip.

Cutting pain in uterus through to the sacrum.

220. *Aching in uterus*, in the morning.

Over mons veneris a pressure upwards, a throbbing or other sensations.

Over os pubis a drawing pain from right to left, passing of some blood, followed by ear-ache from left to right.

Weakness and distress in the region of the uterus, and the uterine displacement; are aggravated by the passage of stool and urine.

*Uterine displacement combined with rheumatic pains.—*G.*

225. Menses every 2 weeks, black and clotted; menorrhagia.

Before their appearance, griping and rumbling in bowels and leucorrhœa.

Stitching pain in left side of head: sleepiness during day.—*Rauze.*

Catamenia too early (5-8 days) with girls, and bright blood; two weeks too late with a widow, blood too dark; 17 weeks too late, first bright red, then dark, last lochia-like and fetid. Blood dark, especially with rheumatic patients.

Before catamenia, great sexual desires, followed by a copious flow; headache 3-7 days before; griping and rumbling in bowels; stitching pains in left side of head; whites, and sleepiness during the day.

230. *During catamenia*, vertigo and throbbing in the forehead, blood rushes to the head; throbbing headache, increasing after; over os pubis, pressure; want of appetite; belly-ache and diarrhœa; back-ache; shooting; lower limbs weary; overfatigued; going up stairs feels stiff all over.

After catamenia increases, throbbing headache; want of appetite; back-ache; and aching in the lower limbs; whites.

Less catamenia, more whites, like *white of eggs*, day and night; worse in the *morning*, after rising; of a sweetish odor; increased whites, and with a stool of a bad odor.

*Tearing from right side of navel, more upwards than downwards, with anxiety of mind; was gone as soon as after *C. ph. x. leucorrhœa* appeared.

Whites, cream-like, pass from her in the afternoon, unconsciously.

235. Whites two weeks after catamenia, or from one term to another.

*Uterine polypus.—*C. Hg.*

Throbbing, stinging, tickling, sore aching, pressing, drawing upwards in symphysis, downwards in thighs.

Pains from navel and other parts drawing to the vagina.

After nose bleeding, aching in vagina.

240. Burning in vagina, with pain on both sides of bladder or uterus; burning like fire up into the chest.

Pain in vagina, with flushes and faintness.

Clitoris, erection after urination, with desire.

Swelling of external parts and vagina, when awaking.

Labia, sore aching, warm feeling between externals, stitching pain in inner labia.

245. COMPLAINTS LIKE DURING PREGNANCY.—Heartburn up into the throat; sore in right groin, and a kicking, quivering over the os pubis.

A pressing in uterus; more sexual desire; ache in neck of bladder; prostration.

Complaint like in the first period of pregnancy; a drawing aching in region of navel, extending to the sacral region; worse in the forenoon.

Weariness in all the limbs during pregnancy.

MAMMA, NURSING.—While nursing her fifth child during sixth month (taking 4 drops of 4th in water), labor pains down in the thighs, with an involuntary stool, and passing some blood. A strong, healthy woman, never before having catamenia during nursing.—*Bute.*

Child refuses the mother's breast; the milk has a saltish taste; trying it the taste remains long in the mouth. 3° Jenichen. Next day milk sweet.—*Pehrson, Guernsey.*

250. Milk acid, not alkaline; acts on blue litmus.

Milk watery, thin, neutral.

Milk changeable, from the alkali to the neutral or to the acid.

Mammæ sore to the touch.

Sore pain, first right, then left.

255. In left mamma hardness, like a walnut, sore to pressure; with a man of 18 years.

Pressing, tearing, rending, drawing, contraction, pinching, shooting burning.

External feeling of warmth in mammæ towards the left arm.

Nipples aching, sore.

LARYNX.—Burning in larynx, after the same feeling on back part of tongue.

260. *Hoarseness* and cough day and night.

**Hoarse* ; sore throat or hacking cough in the morning.

He has to hawk or to hem if he wants to talk clear.

When they talk they constantly hem and hawk.

Desire to take a deep breath, to sigh ; with it a pain in the chest ; shooting in liver.

265. Involuntary sighing at times.—*Cate. C. Hg., Brugger.*

Breathing more frequent, short and difficult.

Short breath and cough.

With inhalation, shooting in left breast and right temple, with breathing, inhaling and exhaling, a shooting in chest ; most with a deep breath.

270. With inhalation, a sudden jerking pain in back.

Suffocating attacks of a male child of six months, after nursing ; more often after crying, and after being taken out of the cradle ; breathing ceases ; head turns backwards ; face blue ; fighting with hands and feet ; after attacks greatly relaxed ; some days none, some days several attacks.

Constriction of breast ; difficult breathing in the evening, better when lying in bed, worse again when rising in the morning, with great pain in the chest when breathing.

Constriction in the chest and difficult breathing, evening till 10 p. m. ; better on lying down, worse when getting up.

Dry cough, with hoarseness and soreness and dryness in the throat.

275. **Tubercular cough*, with soreness and dryness in throat.—*Neidhard.*

*Cough with yellow expectoration, ; more in the morning, with fever ; thirst and dryness.—*Neidhard.*

*Cough during difficult dentition.

*Phlegm rattling on the chest ; also during difficult dentition.

*With the cough, stitches in chest ; heat in lower part of chest and upper arm.

280. Pain on a small spot from coughing ; with short breath.

Chest :—

Beating on a small spot on left side.

Pressing ache in the chest ; most below and upwards.

Dull aching in chest and sore to the touch.

Sharp pain in region of sixth rib ; first on right side, later on left fourth and fifth rib ; coming and going ; takes the breath away ; most with a deep breath, during the day.

285. Sharp pain like an instrument passing through end of breast-bone, during the day.

Shooting pain in left chest, going through the shoulder.

Burning sensation in chest from below up into the throat ; sometimes downwards.

Sharp pain in region of heart with inhaling ; interferes with breathing.

*Palpitation, with anxiety, followed by a trembling weakness, particularly of the calves.

290. Sharp cutting, shooting in region of heart ; interrupts breathing.

Sore pain on the sternum.

Tearing, pressing and shooting in breast-bone.

Collar-bone sore ; first left and then right.

Pains where the cartilages and ribs meet.

295. A tumor like a walnut in left mamma. See 255.

*Ulcer over the sternum or over the collar-bone.

Painless gnawing with quivering, jerking, and heat, full of fear.

Over the clavicle sore, cutting. Pain in throat, soreness, glands hurt.

Pain on the sides of throat ; aching on pressure up to the ear, or from ear to shoulder ; worse when turning the neck, also when swallowing.

300. Cramp-like pain in the neck ; first on one side, then the other.—*Cate. (r. to l.)*

Muscles of neck hurt up to occiput ; first right, then left.

Pains and aches in and near, between and mostly below the shoulder-blades, throbbing, pulsating, jerking.

Drawing in back and limbs, with gaping, stretching, bending backwards ; worse evening and morning, getting awake, on moving about.

In region of kidneys, violent pain when lifting and when blowing the nose. Pain in back, jerking, rending, cutting, shooting.

305. Back-ache and uterine pains.

*Curvature of spine to the left (*scoliosis sinistra*), lumbar vertebræ bend forward.—*B.*

In the symphysis of sacrum and hip-bone, sacro-iliac symphysis a soreness, as if separated.—*B.*

*Abscess near the lumbar vertebræ.—*B.*

**Spina bifida*.—*B.*

§10. In sacrum numbness and lameness.

Sharp sacral pains, lameness.

*Violent stitch on a small spot between left hip-bone and sacrum *with the slightest motion*; has to lie on the same spot without moving.

Pain and aches, soreness, pressure, tearing and shooting in os coccygis.

Upper Limbs:—

Pain and aches in shoulder and shoulder-blades.

315. Sore aching, bruised pains in shoulder or down the arm.

Shooting and tearing from shoulder-joint along the whole arm.

Soreness, burning, itching under the arms.

*Hard bluish lumps under the arm; oozing and scabbing after checked itch. Much relieved. Sulphur finished the cure.—*Bl.*

Rheumatic pain in upper arm near shoulder-joint; cannot lift the arm.

320. *Lameness of arms; going asleep.

Trembling in arms and hands (two girls). Also, *Cate &**.

Dull pain in arms; first left, then right, from shoulder to fingers; from clavicle down to the wrist.

In elbow as if the joint had been struck.

Through elbows shooting, usually first left, then right.

325. Cramp-like pain in forearm; sore, bruised feeling; tearing.

Pimples inside of forearm.

Pain in right wrist with lameness, as if beat; cramp-like and other pains when moving or using them.

Hands asleep.

Pimples on back of hand, on wrist.

330. Palms of hands sweating.

All the bones of the arm ache, particularly in the thumb.

In right thumb all the joints as if luxated or sprained.

Pain in single fingers,

Point of thumb and fingers sore.

335. Pains as if ulcerated around the nails.

Lower Limbs:—

In the hip-bone tearing, shooting, drawing.

Sacro-iliac symphysis in walking, as if separated.

*Coxalgia, hip disease 3rd stage, puts an end to further destruction of the bone, the suppuration ceases, new bone is formed.—*R.*

Shooting or stitches from the hip-bone up or down; worst from the ischium down, jerking, drawing, with a warm feeling.

340. Buttocks and backside asleep with an uneasiness.

In the nates a lameness, as if beaten; after a storm all kinds of

pain with soreness ; most from right to left, but alternating most on right side.

On the buttocks stinging on little spots, itching, burning, sore spots, oozing scurfs.

Sore aching in buttocks, warmth, heat, burning, itching, oozing pimples ; after scratching, scurfs continue to itch.

Sharp pain in the tendons on the inside of thighs ; more when walking.

345. Shooting through the left thigh to the knee ; stirring above, down to ankle bones ; toes too thick.

Aching and soreness of thighs.

*Sore pains in thighs with aching in sacral bones.

Pains above the knee.

Pains in the knees worse when walking ; first left, then right (observed in 54 symptoms!).

350. Boring in the right knee, worse from stretching ; most at night.

Knees pain as if sprained ; sore when walking.

Tendons in the hollow of the knee as if too short.

Legs tired, weak, restless, crawling, tingling.

Lame feeling of lower limbs, tired, heavy.

355. Lower limbs fall asleep, with a restless anxious feeling ; has to move them, to jump out of the carriage ; also at night.

Tearing in left lower leg from the knee down to the feet ; dry, crusty tetters cover the leg.

Feels blood run from the knee down to the feet.

Pain in bones, particularly shin-bones.

Drawing pains in shin-bones.

360. A pain in the head of left tibia, caused by a kick, returns ; the spot became so sore that he could not bear it to be touched ; it disturbed the sleep, coming on every night ; gradually an exostosis formed and remained.—*Freitag*.

Violent pain below the hollow of the knee ; worse when taking boots off.

Pain in the calves tearing, rending, drawing, shooting.

Cramp in calves, on a small spot inside, when walking.

Cramp pain in calves, drawing, rending, shooting, warm feeling.

365. Rending, tearing, shooting in ankle-joint.

*Ulcer on the malleolus dexter ; edges callous ; ichor putrid.

*Fistulous ulcer on the foot-joint.

Cramp-like pains in the feet ; most in the ankle-joint.

Ankle-joint as if dislocated.

370. **ALL THE LIMBS.**—Feeling of lameness of the flexors ; sudden aching of the extensors.

Extensors more affected than flexors.

Aching in all the limbs, with weariness.

Pain in all the joints ; most left side ; later and less the right.

*Rheumatic pains flying about.—*Behler, Bute, Haeseler, Guernsey.*

375. When every cold causes rheumatic pains in the joints and in various parts of the body, positively indicated. Calc. phosph. will remove the rheumatic affection, and prevent the reappearance of the uterine displacement.—*Guernsey.*

*Inflammatory rheumatism.—*R. Gardiner.*

Rheumatic pains in shoulders, chest, and other parts, after getting wet in the rain.—*Jones.*

Pains flying about in all parts of rump and limbs, after getting wet in rain.

*Rheumatism, pertaining particularly to cold weather, getting well in the spring and returning the next autumn.—*Gy.*

380. *Rheumatism after every cold.

Rheumatism returning with cold weather, leaving her with the warm season.

MOTION, POSITION, REST.—All great exertions increase the headache or bring it back.

During moderate motions of single limbs most of the painful symptoms appear, and get easier after lying down.

Pains after great exertions, are worse when lying down.

385. While walking, vertigo ; running from the nose ; bones of pelvis, hip-joint, thigh, knees, and ankle-joint ache.

Back and lower limbs ache less after motion.

Stooping causes vertigo, rush of blood to the head, dull pain in head.

Some complain more when sitting or lying than when walking.

Lying on back aggravates ; it is easier lying on side.

390. During restless nights they are better lying on belly.

Lying position eases headache, pain in stomach, belly, and relieves breathing.

Better upon lying down.

Stiff in bed in the morning ; can hardly turn.

Disposition to stretch.

395. Weariness when going up stairs ; wants to sit down ; hates to get up.

Indisposition to work, also to mental work.

Weakness, with other symptoms.

Lower limbs, abdomen, and sacrum asleep; cannot get up from the seat.

The greatest weakness; tired from going up stairs; does not want to rise from sitting.

*Languor, with diarrhoea; leucorrhoea; with catarrh, during pregnancy.

400. The child does not stand any more.

*Children do not learn to walk.

Trembling of hands, with headache; pain in chest, belly-ache.

Trembling of arms and hands, with other complaints, particularly uterine.

Trembling feeling, then tooth-ache, and uterine pains.

405. Hands tremble; she is sick; heart beats; fear of bad news after this trembling, and weak.

The thumbs moved spasmodically.

Twitching of the big toes; the little toe drawn inward.

Starting in sleep.

Restlessness, spasmodic motion of limbs; worse when lying on back, better lying on side.

410. Convulsive starts when the child lies on his back, which cease when lying on its side.

Stepping motion of lower limbs.

A child of 15 months, with a big head and open fontanels, took from a trituration of a drachm C. ph., with half an ounce of milk-sugar, half a tea-spoonful in the evening. Soon violent screaming, grasping with hands in great agony towards his mother; cold sweat, most in face; whole body cold; lasted nearly two hours; next day as well as usual; 6 p. m., another spell lasting only 15 minutes. Mother did not give another dose. Sooner than expected the fontanel closed.—1852.—*N. N.*

Sleep :—

Constant stretching.

Gaping with tears in eyes.

415. Gaping with irresistible drowsiness all forenoon.

Sleepiness all forenoon, before and at dinner.

Sleepy before dinner, falls asleep while eating, and after dinner, while sitting, falls in a deep sleep.

Drowsy all day.—*Jones.*

With the drowsiness, gloomy mood, inability to think, headache, ringing in ears, sweat in face, prostration of limbs.

420. All evening asleep.

Sleep disturbed, most before midnight.

Dreams very vivid, most from late events or last readings.

Dreams from travelling.—*Schreter, Behlert, Cate.*

In sleep, starting as from fright.

425. In bed, pains in bones or joints.

Sweats on parts, wakens in the night.

Cannot get awake in the early morning.—*J. C. Morgan.*

Early waking, feeling well.

Complaints in the morning ; pain in head, heart, back ; bad taste, as if she had been sick.

430. The symptoms remaining the longest with the provers appear in the morning hours.

Most complaints increase in the evening.

The last half of the day stands to the first half like 5:7.

Stool, etc., morning and evening.

The sunny half to the dark half like 5:3.

435. Cough in the sunny half of the day. 6 A. M. to 6 P. M.

EXTERNAL WARMTH AND COLD.—In the air eyes worse, coryza, hoarseness, cough.

In the open air on warm days nose stopped, coming in a cool room the nose runs.

Carious teeth cannot bear the fresh air.

When going in the cold she feels chilly.

440. Out doors a shaking chill.

A slight draft of air is followed by rheumatic pain in neck, stiffness and dulness of head.

She is very much worse after taking a light cold.

Every little cold she is much worse ; rheumatic pains and displaced uterus.

Every cold causes pains in joints, and *where bones unite and form a symphysis or suture.*—*C. Hg.*

445. After taking cold, liable to rheumatic pains in all her joints.

After a cold foot-bath becomes red with prickling like nettles.

*Every change of weather increases her pain ; tearing in forehead to the nose up to temples, from occiput to vertex with ear-ache ; shooting from collar-bone to wrist, all more on right side.

In damp, rainy, cold weather, dull pain in lower limbs.

Day after a snow-storm, buttocks as if beaten, with lameness.

450. Worse with changeable weather, particularly when the snow melts with east winds.

N. W., better ; opposite to Hepar, Veratrum.

Frequent crawls all over ; crawls on the head.

Chill in the morning after dressing, with cough and coryza.

Chill, with uterine pains.

455. Shivering, with a hot face, with belly-ache.

Cold in the lower part ; face hot.

Feels beating of pulse, not frequent but quick ; while sitting he feels it in the nape of neck and left chest.

Heat runs from the head down to the toes.

Gets hot, with other complaints.

460. Dry heat in the evening ; hot breath ; beating of heart ; mouth and tongue dry, without thirst ; gaping, stretching, etc.

Copious night sweats ; *on single parts*, towards and in the morning.

Right to left, sutures of frontal and lateral bones ; *ear ache*, stopped up ; cold feeling ; jugular bones ache, upper jaw pains ; tooth-ache ; belly-ache ; aching in groins, above the os pubis, mammae, neck, chest, back, armpits, arms, elbows, forearms, hands, fingers, buttocks, thighs, above knees, shin-bones, calves, heels, big toes, toes.

Right upper, left lower : pain in bones.—*Schreter*.

465. *Sensation mostly on small spots.*

ALTERATIONS OF TISSUES.—Bones affected along the sutures (see head) or where bones unite, symphysis, also in the pelvis. See falling of womb.

After fractures, when they do not ossify, or the callus does not form, smaller doses of the stuff as are required to form a callus, are followed by the formation of one, containing one hundred times more of the C. ph.

*Condyles swollen.—*Benecke*.

470. *Condyles swollen on forearms and lower limbs.

Rachitis ; fontanels wide open ; diarrhoea ; emaciation.

Caries, hip-joint, heel, with stinking pus.

Most pain in joints, afterwards in the bones.

*She is liable to rheumatic pains in all her joints.

475. The tendons are sore when stretching and bending.

Sharp pains in the tendons.

*Flabby, shrunken, emaciated children.

TOUCH.—Sensitive to slight touch.

Pressure worse head, chest, belly, limbs.

480. Places, hurt by a shock, become sore to the touch ; on a place burnt 23 years ago a tetter forms, an exostosis (360) ; old scars exulcerate.

Every step felt in head, in sacrum.

PASSIVE MOTION, RIDING IN CARRIAGE.

Lifting child up from cradle, suffocative fits (down, Borax).

Riding in carriage ears itch ; he has a second stool ; his foot falls asleep ; restlessness in lower legs. Erections, 209.

485. Riding on horseback ; eyes, back, and thighs.

Dry skin, moist on hands.

Skin dark brown, (yellow with grown people,) with a child of 10 days.

Itching and burning as from nettles.

Itching, biting ; most on places years before affected.

490. Tetters on lower legs, peeling off, scaling.

Pimples in region of joints.

*Furuncles from ulcers.

Scrofulous ulcers ; lax and lazy.

*Ulcers after mustard poultice (soap X. cures the burning sensation).

495. *Scars from an amputation ulcerate.

STAGES OF LIFE.—During first dentition diarrhoea, with much wind.

—*Lippe*.

*Children lose flesh ; will not stand any more ; do not learn to walk.

Childhood : *Calcareo ostrearum* H. Youth : *Calcareo ossium*.

Manhood : *Phosph.* Old age : *Phos. ac.*

	Childhood.	Boyhood.	Man and Womanhood.	Old Age
	1st Dentition.	2nd Dentition.		
<i>Calcareo o. H.</i>	4	3	2 high	1 high.
<i>Calcareo ossium</i>	3	4	1 high	2 low
<i>Phosph.</i>	1	2	4	3
<i>Phosph-ac.</i>	1	3	2	4 low.

Remarkable similarity with *Carbo animalis*.—*C. Hg.*

Sulphur follows well.—*Behlert*.

To be compared with *Calcareo ostrearum* Hahnemannii, with *Silicea*, Fluoric acid, *Berberis* (fistula, lungs, rheumatismus).

1833. Broken femur of an old man cured by *Calcareo phosphorica mixta*.

1834. Proving of this preparation by Gideon Humphrey, Green, Bute and others, printed in *Correspondenzblatt in Jahr*, etc.

1835. Proving at Allentown of Freitag's preparation.

1846. Schreter proving of Jenichen 3^o in *Archiv*.

1850. Beneke's Experiments. See *Brit. Q.* xvii., 41, 637.

1858. Case in the Proceedings of the Institute 15th Meeting in Brooklyn. See his preparation.

EDITOR'S NOTES.

CEREBRO-SPINAL FEVER.

THIS disease essentially is a blood-disease. The brain and the spinal cord show signs of inflammation, and the skin presents black spots here and there, most probably ecchymotic spots, and these are indicative of serious disorganization of the blood. The disease is well recognized in Germany and Poland, and spreading very extensively in those countries. It is said that during the last fortnight of April there were already 14 deaths from this cause in New York. Dr. A. W. Barclay in his recent report to the Chelsea Vestry stated that "there was among the deaths one alleged to be due to Cerebro-spinal fever." So that there is probability of its spreading in England.

We hear of cases occurring in Calcutta, its immediate neighbourhood, and also in other places in Bengal, which are called, by both practitioners and the people, the *Black Fever*, in contradistinction to the *Dengue*, which after Dr. E. Goodeve's fashion is called the *Red Fever*. We have not ourselves seen any of these cases, but we have heard of it from persons competent to judge, and from the circumstantial detail with which we have heard it narrated by laymen, we have no reason to disbelieve its existence. It is said to be very fatal, sometimes within 24 hours, sometimes later. Recovery is seldom reported. The disease is characterized by utter prostration, by coma or delirium, and black spots on the surface. Is this a modification of the *Dengue*, being a malignant form? or is it the Cerebro-spinal fever?

DIGESTION OF CALOMEL.

That Calomel was soluble in the juices of the stomach was proved by its effects on the human constitution which could only result from its absorption. But still there were many who doubted its solubility or digestion in the stomach. All doubts are now set at rest by recent experiments. Dr. Symes Thompson in his recent lecture on Diet and Medicine, has shown that some drugs which are ordinarily insoluble outside the stomach, undergo solution or rather a sort of digestion there, and it has been proved that it is pepsine which induces that solubility. With prof. Heaton's aid he repeated Tuson's experiments and found them successful. Two vessels were taken, in one of which (a) calomel and hydrochloric acid were placed, and

in another (b) calomel, hydrochloric acid, and pepsine. After digestion for two or three hours at the temperature of the blood, that is 140° the contents of both vessels were thrown upon filters, and it was found that whereas the filtered liquid from (a) gave no precipitate with sulphuretted hydrogen, that from (b) did give a black precipitate, indicating the presence of mercury. We now know why in the first stages of cholera, and in other diseased conditions, in which the powers of digestion are nil, or the active ingredients of the digestive fluid are altogether wanting, calomel does not produce its characteristic effects. This should also warn us against using the drug heroically with impunity in such diseases or diseased conditions. For a sufficient quantity might remain, as it does remain in the stomach, and prove highly detrimental in the reaction of cholera, or when the stomach begins to assume its normal function.

VALUE OF CLINICAL THERMOMETRY.

The following are the chief points regarding clinical thermometry which Dr. Bulkley of New York, as we learn from the *Med. Times and Gaz.* (May 4), considers established :—

“ 1. The body heat is maintained in health, under all conditions, at the uniform standard of 98·4° F. 2. Any constant deviation from this denotes disease. 3. A return to, and continuance at, this standard makes the termination of disease. 4. A single high temperature is important. 5. The changes of temperature in diseases follow definite and known courses. 6. Variations from these typical ranges of temperature in disease are significant, as indicating a disturbing cause. 7. An irregular course is more unfavourable than a uniformly high range of temperature. 8. Different temperatures characterise different diseases and various days of the same disease. 9. Although a high temperature indicates a more severe attack, no heat under 109° can be considered surely fatal. 10. The daily study of the pulse and respiration in connexion with the temperature is of great assistance. 11. When the temperature and general symptoms agree, but the pulse disagrees, the two former are to be relied on. 12. When the pulse and general symptoms agree in indicating unfavourably, the temperature cannot be relied on, if contradictory, unless the improvement in temperature is marked and persistent. 13. When the pulse and general symptoms agree in a favourable indication, a high or rising temperature should arrest attention. 14. All other means of investigation should be used in

connexion with the temperature to obtain the greatest benefit from the latter. 15. The continuous daily record of the three vital signs here represented, in the way exhibited, affords much aid in the diagnosis, prognosis, and treatment of disease, by the presentation to the eye of its history in these respects. 16. The systematic record of these three points may assist in determining at some future day the vexed question whether the type of disease is changing, by preserving pictures which can easily be compared."

PATHOLOGICAL ACTION OF HYDROCYANIC ACID,

Dr. Robert Amory of Boston contributes a paper to the *Practitioner* for April last, detailing three experiments performed on dogs with subcutaneous injection of hydrocyanic acid dil. (U. S. P.), from which the following conclusions are arrived at:—

"1. Artificial respiration does not prevent the intoxication of prussic acid, nor does it materially assist in the elimination of the poison; consequently, means directed to the institution of artificial respiration in cases of poisoning from this drug are unnecessary for the protection of life.

2. Artificial respiration will prevent the occurrence of convulsions, or of muscular spasms which follow the absorption of this poison in a dose of sufficient quantity to endanger life.

3. Muscular irritability and nervous conductivity are not impaired by the intoxication caused by this drug in cases where artificial respiration has been maintained, until after the cessation of the cardiac pulsations.

4. The static congestion of the pulmonary tissue is either a post-mortem symptom, or is due to the asphyxia which has been considered by some experimenters as one of the causes of death in cases of poisoning by prussic acid.

5. Death by this agent is due to some other cause besides asphyxia; and it may be suggested that the fundamental cause is a state of blood-poisoning, due to some alteration of either the physical or the chemical condition of the blood.

6. The apoplexy in the encephalon and spinal cord, noticed by Tardieu as an anatomical lesion due to the intoxication produced by this agent, is probably referable to the asphyxia, secondarily induced, and not to the direct action of this poison. The same condition has

been observed in animals dying from asphyxia produced by other causes, as by nitrous oxide and by chloroform. When asphyxia is not present in a case of poisoning from prussic acid, no very marked apoplexy or congestion is noticed *post mortem*."

THE TEMPERATURE IN GENERAL PARALYSIS OF THE INSANE.

Dr. W. J. Mickle of the Derby County Asylum draws the following inferences from a pretty large series of observations (*Journal of Mental Science*, April 1872) :—

- " 1. A rise in temperature often accompanies a maniacal paroxysm. .
2. A rise in temperature often precedes and announces the approaching congestive or convulsive seizures, and nearly always accompanies them.
3. When these states are prolonged (congestive or maniacal), the associated elevation of temperature is usually prolonged also.
4. Defervescence of temperature, after its rise with excitement or with apoplectiform attacks, often precedes the *other* symptoms of toning down to the usual state.
5. Moderate apoplectiform attacks, or moderate maniacal exacerbations, are, however, not invariably associated with increased heat of body.
6. A transitory rise in temperature may occur without any *apparent* change in mental or physical state to account for it.
7. The evening temperature is usually higher than the morning temperature in general paralysis, and an absolutely high evening temperature occurs in cases rapidly progressing towards death.
8. A *relatively* high evening temperature seems to be of evil omen, even when *not absolutely* very high.
9. Rapidly progressing cases may show temperatures above the average both in the morning and evening, for a long time before any complication exists.
10. Gradual exhaustion may pass on to death, in general paralysis, with an average morning temperature normal or nearly so throughout, except when raised temporarily by the special attacks to which general paralytics are subject.
11. The onset, especially, of pulmonary complications or of hectic from bed-sores, is marked by much heat, and when death is accelerated by the former, the temperature and pulse run high, often, however, sinking somewhat before death, whilst respiration then becomes very rapid."

CHLORAL HYDRATE IN STRYCHNIA POISONING.

Liebreich had shown that the best antidote in cases of poisoning by the hydrate of chloral was strychnia. From a case reported by Dr. Angus Macdonald in the *Edinburgh Medical Journal* (April) it appears that the reverse holds equally well. A patient of the Doctor, a teacher by profession, was in the habit, under his direction, of taking 5 minims of the liq. trychnia (B. P.), three times a day for a chronic bronchitic affection. He seems to have done so with impurity for about two months. On the morning of the 30th January 1872 he took his usual dose before breakfast at 8 a. m. and it appeared to him that the taste of the medicine was more than usually bitter; all that he thought at the time in consequence was that he might have taken 8 drops instead of 5. "He immediately afterwards took breakfast, and left home about twenty-five minutes past 8 o'clock without feeling in any way ill. When he got to the middle of the London Road, about a quarter of a mile from his home, he felt giddy, and experienced a tendency to stagger. He hurried along to Elm Row, another quarter of a mile further, and, entering the first shop he came to, asked the shopkeeper to send for a cab; and after being helped into it, drove straight to my house in Northumberland Street, where he arrived at a quarter to 9 o'clock. During the period between the first seizure and the time I first saw him, the patient had been getting gradually worse and worse, and I found him unable to get out of the cab, as his lower limbs were rigidly extended, his neck and trunk extended, his occiput pushed forcibly against the back of the cab. His intellect was perfectly clear, and he now briefly explained what had happened to him; but as any attempt at flexion of the body brought on severe tetanic spasms, I had to get the assistance of the cabman to turn him lengthwise across the cab; and having thus got him out of the vehicle, we carried him into my consulting-room. He looked exceedingly anxious, and complained of severe pain, like the effect of an electric shock, every time the spasms came on, which at this time recurred at intervals of less than a minute."

Dr. Macdonald at once administered chloroform by inhalation. The relief was immediate but of a temporary character as the tetanic spasms returned in about 5 minutes and were as severe as before. "About nine o'clock," says he, "I administered (with considerable difficulty, as every attempt at swallowing aggravated the tendency to spasm) about thirty grains of the chloral hydrate. After an interval of from five to seven minutes, perceiving that the spasms, though some-

what less frequent and less severe, were still very distressing, I administered another twenty grains of the hydrate. Shortly after this the spasms diminished rapidly both in frequency and in severity, succeeding each other at intervals of two, three, and five minutes respectively, until about half-past 9 o'clock, when they ceased altogether. The patient shortly afterwards fell into a sound sleep of fifteen minutes' duration, from which he awoke, expressing himself as feeling quite well, with the sole exception of a certain amount of giddiness. He was put to bed about 11 o'clock and slept till 12:30 mid-day, after which he awoke quite well, and was able to be driven home. No injurious results followed."

This case, besides affording proof of the efficacy of the hydrate of chloral in cases of poisoning by strychnia, also points to the cumulative effects of strychnia when taken without intermission for a considerable length of time, and to the injudiciousness of directing patients to take drops from concentrated solutions of such energetic poisons as strychnia, arsenic, &c.

A CASE OF ABNORMAL TERMINATION OF THE THORACIC DUCT ON THE RIGHT SIDE.

Dr. Watson, Demonstrator of Anatomy, University of Edinburgh, reports the following case of abnormal termination of the Thoracic Duct on the right side in the *Journal of Anatomy and Physiology* for May 1872. The record is valuable inasmuch as it gives a precise description of the relations of the anomalous duct to the neighbouring structures, which was not given by those who had recorded such anomalies before, and they are no less authorities than Meckel, Cruickshank, Fleischmann, Todd, Fyfe, and Allen Thomson.

"The duct under consideration was found in the course of the dissection of a female subject in the Anatomical Rooms of the University, last year. It commenced in the usual position of the receptaculum chyli, in front of the second lumbar vertebra, by the junction of several small branches. It then passed through the aortic opening of the diaphragm, having the aorta on its left, the vena azygos major on its right, these relations remaining the same as high as the intervertebral cartilage, between the tenth and eleventh dorsal vertebrae. Opposite the twelfth dorsal vertebra, it received several small, and a single large branch from the left side of the lumbar portion of the column. Above the cartilage before mentioned, the duct crossed

from left to right of the vena azygos, maintaining this position as high as the fifth dorsal vertebra, where it again crossed in front of the vein and spinal column, lying in relation to the posterior surface of the œsophagus, as well as to the third part of the arch of the aorta. It then passed along the left side of the œsophagus, as high as the second dorsal vertebra, when it again crossed the vertebral column obliquely, from left to right, lying between the œsophagus and longus colli muscle, so as to reach the level of the sixth cervical vertebra. Here, arching above the level of the first part of the subclavian artery, it turned downward and outward to open into the right internal jugular vein previous to its junction with the subclavian.

When in the cervical region, it rested successively on the longus colli muscle, the vertebral vein, the origin of the inferior thyroid artery, the anterior scalene muscle and the phrenic nerve, having in front of it the œsophagus, trachea, vagus, and recurrent nerves of the right side. A well-developed valve defended the entrance into the jugular vein. Although a careful dissection was made on the left side, no lymphatic trunk could be discovered there. With reference to the vascular trunks, no deviation of any importance was observed, except the somewhat higher position than usual of the left innominate vein, which, in passing from left to right to unite with its fellow of the opposite side, lay altogether above the upper border of the sternum, and consequently in the region of the neck.

If now we compare the various cases on record, we find that those of Fleischmann, Todd and Allen Thomson, were accompanied by certain vascular peculiarities; in the two first the right subclavian came off from the trunk of the aorta, while in the last there was a right aortic arch. No such vascular anomalies are recorded in the cases of the other authors.

Cruikshank states that 'sometimes the thoracic duct is inserted into the right subclavian vein, and then the trunk of the absorbents of the left side in every respect resembles the ordinary appearance of that of the right side.' Now, we have seen that there was no lymphatic duct of the left side in the present case, and consequently must conclude that a single thoracic duct received the absorbents of the whole body. This case, therefore, resembles more closely that recorded by Fyfe than any of the others, differing only in this, that whilst in his case the duct crossed *in front* of the large vessels at the root of the neck, in the one under consideration it passed *behind* these. With the exception of trifling differences of relation entailed by this, the two are in all essential particulars similar cases."

LUNATIC ASYLUMS IN BENGAL.

It gives us great pleasure to state that Dr. J. C. Brown, the present head of the Medical Department, takes greater pains to review the annual reports of the Superintendents of the Asylums in Bengal than any of his predecessors, and has made certain important suggestions, which if carried out, will undoubtedly add to the value of the statistics which are regularly compiled. In former times the Inspector-Generals used to content themselves with tabulating the statistics which the Superintendents supplied to them about each asylum and add one or two stray suggestions which occurred to them on a cursory perusal of the individual reports. We had occasion to notice before that the duties of the head of the Medical Department, in reference to the annual reports of hospitals, ought certainly to be of a far higher character than those of a mere statistical clerk, and are happy to find that Dr. Brown has undertaken to discharge those higher functions in a somewhat becoming spirit. There are however many short-comings yet to be remedied which has not been noticed by him.

The question, as to what is the true measure of the health of the inmates of the asylums, does not appear to have been definitively settled. It seems to be acknowledged that the annual death-rate cannot give any precise idea as to the state of the health of the people, but that the rate of sickness must also be added to it. As a matter of form the average rate of daily sickness is given in the reports, but the subject does not seem to have claimed much of the attention of the medical officers in charge, and has wholly escaped the notice of the Inspector General. The only exception is the Dacca Asylum reports, which from 1867 to 1870 contain annual returns of sick patients treated in the institution shewing the names of the diseases, the number of persons attacked, and the number of cures and of deaths. The utility of these returns becomes apparent even from a cursory glance at their contents. The deaths per cent on average strength during the four years were 16·66, 22·5, 17·74 and 18·42, but the daily sick list numbered 21·56, 20·52, 30·24, and 33·44. The increases in the sick-list during 1869 and 1870 were owing mainly to a consider-

ably large number of patients suffering from diarrhœa and dysentery, thus shewing that the health of the inmates was not so good as the rate of mortality would seem to indicate. The statistical returns of the other asylums contain hardly any information beyond the simple average number of daily sick. The subject has been noticed it is true by Dr. Payne in his reports year after year, but he did not descend into particulars—a procedure most unaccountable in a Medical officer of his reputation. We insert below a table shewing the sickness and mortality among the inmates of the Dullunda Asylum during 8 years :—

	Average daily strength.	Average daily sick.	Deaths per cent. on actual strength.	Deaths per cent. on daily average strength.
1863	Inform'n not obtainable	6	12·5	16·6
1864		7	13	22
1865		63	15·3	27
1866		9	18	33
1867		8	13	23
1868	202·7	10·7	10·8	17·9
1869	268·9	14·5	10·3	16·4
1870	278·9	17·13	8·21	12·6
	309·16			

Dr. Payne very justly remarked that during the first three years the daily sick list was low, and attributed it to the good effect of regular labor, which was introduced into the asylum in 1861. In 1866 the sick list was suddenly increased. In the following year there was a slight decrease, but since 1868, it has been steadily rising. The subject however almost wholly escaped the attention of Dr. Payne until the year 1869. In that year he denied that there was any real increase in the general sickness of the people, and stated that the nominal "increase was mainly due to the inclusion of many cases of simple ulcers and other trifling maladies hitherto disregarded in the returns." He repeated the same remark in the following year, stating that the mass of the cases was "of simple abrasion and sores resulting from it, most of them in newly admitted lunatics, and all prevented from healing speedily by restless and

mischievous habits." He therefore opined that the daily sick list as given in 1869 and 1870, was not a true measure of the health of the inmates. It is scarcely necessary to state that the subject has been very unsatisfactorily dealt with by Dr. Payne and when we find that in one and the same asylum, a uniform plan is not pursued year after year in preparing the statistical tables, comparisons become hopeless, and the statistics collected of hardly any value. We think the Inspector General ought to interfere in the matter, and lay down a set of rules and give definite instructions for collecting the various information on one uniform plan, without which so much of his labor and time as is now devoted to the preparation of his reports, are of little use to the scientific world. The Superintendents of all the Asylums ought to prepare a return similar to that of the Dacca institution, and add to it one column shewing the average periods during which patients were kept under treatment.

It will appear from a glance at the table given above, that the daily sick-list is running high year after year since 1868, and that the rate of mortality is gradually declining since 1866. The apparent anomaly requires more especial notice than Dr. Payne has hitherto deigned to give to it. On the question of mortality as on other questions, the reports of Dr. Payne are almost the only ones which generally supply detailed information. We are accordingly very much disinclined to mix up the figures furnished by that officer, with those of the others. We regret to find that so careful a physician as Dr. Payne is sometimes blinded by preconceived notions, and that he seems sometimes prone to overlook facts which might go against his previous theories. We think the Dullunda reports can be made considerably more valuable, if Dr. Payne were to abstain somewhat from his habit of making general reflexions, and confine himself chiefly to facts. There can be no doubt that the Dullunda Asylum is a well-managed institution, but its reports ought to be more carefully drawn up than hitherto. Dr. Payne has been telling us from 1865, that all the possible ordinary precautions for the preservation of the health of the insanes have been taken. The diet scale has been liberal, little fault is to be found with clothing, the situation of the place not objectionable, the cleanliness of the persons are carefully attended to, and in the conservancy of the buildings

no improvement is possible. The only defect consisted in the insufficiency of accomodation which is likely to be soon remedied. Yet when Dr. Saunders inspected the asylum in 1869, he did not discover any of the evil effects of over crowding, which, according to him, were "practically reduced to a minimum by the doors being thrown open, and the verandahs being occupied." On the other hand, in many of the insanes he found a swollen suppurating state of the gums with recession from the teeth, and this as well as the anæmia he attributed to insufficient diet. He further noticed the indifferent quality of the meat supplied to the Asylum. Accordingly Dr. Saunders sanctioned a reformed dietary scale, which came into operation in August 1869. Towards the close of the year Dr. Payne still continued to ascribe much of the sickly condition to insufficient space, but he observed nevertheless the healthy men to have gained in flesh and general appearance. He further remarked very justly that it was not to the men in a cachectic state who were perhaps doomed to die before the close of the year "nor the cases of serious illness on admission that regard must be had in estimating the value of the food; but to the class which having once had fair health in the asylum, have lapsed into debility of this particular kind;" adding that the diminution of these cases can only be made clear by prolonged observation. It would be naturally expected that in the report of the next year, Dr. Payne would discuss the question with some degree of minuteness and report in what way the improved dietary scale affected in 1870 "the class which having once had fair health in the Asylum, have lapsed into debility of this particular kind." But he says nothing directly on this point. Dr. Saunders observed however an improvement in the condition of the lunatics as compared with the results of 1869. But as the inspection report of Dr. Saunders for 1870 has not been published, it is not possible to give any decided opinion on this point. No one has taken any notice of the effect of the improved dietary scale on the scorbutic patients, for whose particular benefit it was introduced. It is the examination of minute points such as this that can alone lead to the tracing of effects to their particular causes. We hope the subject will occupy a prominent place in the report of the following year.

The serial diminuation of deaths from 1867, is partly owing to the order preventing, as far as possible, the importation of weakly lunatics from a distance, partly to the full operation of the industrial system, and partly to improved sanitary condition of residence, improved diet scale, better care and more successful treatment. Dr. Payne thinks the main sources of mortality to be outside the asylum. This point requires however to be proved, and we think Dr. Brown to be quite right when he stated that "one set of data which might help in determining this question is wanting—namely the physical condition of the lunatics on admission as regards general health and the existence or absence of positive disease." When this want is supplied, we will have some firm ground to stand upon. We have also been promised in future years, "a statement of the daily average for the year living at a certain asylum age and the number of casualties, discharges and deaths happening according to time of residence." To these two must be added a table shewing the total number of deaths in each month. The necessity for such a table was first felt by Dr. Cutcliffe, whilst holding charge of the Dacca Asylum. Similar tables ought to be prepared by the Superintendents of the other Asylums.

Dr. Brown further thinks that the Superintendents of the Asylums should also supply accurate information regarding diseases which the patients bring with them into the Asylums, and what supervened after their admissions; as also "how much of the fatal disease was directly dependent on the insanity, intimately associated with it, modified by it, or apparently unconnected with it." The duration of the insanity and of the disease causing death should also be noted.

In 1869 Dr. Saunders remarked that the simplest sores at Dullunda healed with difficulty, and this he added was another evidence of the low vitality of the inmates. Dr. Payne has noticed this point but his view is diametrically opposite to that of the above. He says, that "an indolent, unhealthy sore is very rarely seen" at Dullunda. This subject ought to claim a due share of the attention of Dr. Brown, and information on it ought to be obtained from the other Superintendents.

If the Superintendents of the Asylums take sufficient pains to furnish the various informations noted above, we make no

doubt but that idle speculations will at once cease to tarnish their annual reports, which will then become ten times more valuable than they happen to be at present. The tables prepared by the Superintendent of the Dacca Asylum, also shew the monthly minimum and maximum temperature in the Asylum, and the average cubical space and superficial area allotted to each lunatic. These also are very useful for purposes of comparison, and we do not see why the other Superintendents are not required to furnish them.

The tables prepared by Superintendents of the Patna, Cattaek and Moydapore Asylums supply very meagre facts. We would wish to direct the attention of Mr. Campbell to the above points, and hope he will call upon the Inspector General to prepare sets of forms in which all the above statistical information will be included, and that all the Superintendents should be required to fill up the same, definite instructions being given them to follow a uniform method as far as practicable. Unless this is done, the general review of the several reports by the Inspector General in the manner it has been done by Dr. Brown in 1870, cannot yield any results of scientific value.

In our article on this subject in the double number for Nov. & Dec. 1871 we omitted to notice one point of great importance. We avail of the present opportunity to draw attention to it. In the year 1867 Dr. Hutchinson, the then Superintendent of the Patna Asylum, commenced a very interesting series of observations "to test the reality or otherwise of lunar influence on insanity," and added to them "notes of the pressure, temperature and humidity of the atmosphere." He found that "extremes of temperature are not necessarily accompanied by maniacal exacerbation," and that "humidity apparently predisposes to excitement." In the rainy months of June, July, August, September and October there were 45·5 per cent of all cases of excitement, and in July, the the month of the greatest rain, there was the maximum of excitation. As to lunar influence, the smallest number was observed during the full moon, and about double the number during the new moon, and "while forty-nine cases of excitement occurred during the wax, eight-nine occurred during the wane of the moon. In the following year the same observations were carried on. During this time too, the extremes of atmospheric

pressure "were not accompanied by any marked excitement," but that in August, the month of the greatest rain, there was the smallest number of cases, the maximum occurring in April. As to lunar influence, he found that "the waning moon had again more apparent influence on the insanes than the waxing moon," and that there "were actually more cases of excitement in her apogee than in her perigee." From these observations he concluded that "atmospheric and lunar changes have no influence whatever on the insane;" and so the observations were discontinued. It is hardly necessary to state that this conclusion is premature, at least, cannot be arrived at legitimately from the data in hand. The facts that 89 inmates were influenced during the wane of the moon in both the years, and that the number during the wax was considerably smaller, would of themselves go to contradict the position maintained by Dr. Hutchinson. We think these subjects require further investigation, and the Superintendents of all the Asylums ought to be engaged in it.

There is yet another topic of great importance to which Dr. Hutchinson alone seems to have paid any attention, viz., how to distinguish a gunjah-smoker from those addicted to other narcotics. This subject concerns most the Superintendents of Indian insane asylums, inasmuch as the chief cause of insanity here is said to be gunjah-smoking. The following observations of Dr. Hutchinson are deserving of record:—

In a recent case the conjunctivæ are congested, the pupils generally contracted, and the countenance wears a peculiar *leery* look, which, when once seen, is upmistakable. The pulse may or may not be accelerated, and there is a marked unsteadiness in the gait; great volubility or continued indulgence in laughter or song. If the muscular system is greatly excited, there is a tendency even to rush wildly onwards in a straight line—unmindful of intervening obstacles, and consequently severe bruises, especially about the shins, are often met with. These are indications to be met with in a novice, and I cannot find that there are any unpleasant after-consequences in coming out of the debauch, which, on the whole, seems to be a happy and merry state of intoxication. One woman, describing her sensations, said that she felt as if her spirit wished to pass upwards through the skull, and that her body longed to mount upwards as well.

In the confirmed gunjah-smoker, there is greater stupidity and less excitement, (than in a bhang-drinker) a kind of maudlin intoxication with conjunctivæ markedly red. Two tests at once betray the habitué; by frequently rubbing up the gunjah and tobacco in the left palm with the

right thumb a corn is produced on the outside of the last phalanx, and if you place before him a chelum said to be charged with gunjah, he will inhale the smoke with one long prolonged whiff, which would at once bring on coughing in the non-initiated. A confirmed gunjah-smoker has frequently dark, purple lips, but the corn and inhalation will always reveal him.

In conclusion we would suggest that greater pains ought to be taken in preparing the statistical tables than have hitherto been done. As practical conclusions are often based upon the figures contained in those tables, and as some of these conclusions not only involve large expenditure of public money, but, if founded upon erroneous data, may be instrumental in increasing mortality in hospitals directly, and indirectly in the population at large, the greatest possible attention ought to be bestowed upon the numerical calculations. We regret to notice that this care and attention are sometimes wanting. In the Dullunda Asylum Report for 1870, Dr. Payne makes the following remark :—

I have now taken up the last three volumes of the diary, in which are written the histories of all fatal cases from 1864 to 1870 ; they are 270 in number. Of these 154 had never touched work of any kind, 102 had done nominal work, and 14 had worked at the oil-presses, the looms, and stone-breaking. In these 14 there were 3 cases of dysentery, 3 of pneumonia, 2 of cholera, 2 of anæmia, and one each of phthisis, pleurisy, variola and abscess. Here, as in the case of diet, no comment can increase the pointed significance of the facts. The men who have made the death rate what it has been, have never approached the garden or the work-sheds.

In repeatedly going over the mortality tables of the 7 years mentioned in the above extract, we find that the number of deaths was not 270 but 353. Dr. Payne will have to shew that these additional 83 men 'had never touched work' or 'done nominal work' only, before he can legitimately jump to the conclusion which has been expressed so roundly. The learned doctor has yet to bring forth more reliable data than he has hitherto done, to prove the efficacy of the industrial system he has introduced into the Dullunda Asylum, and in praise of which he has been devoting a portion of his annual reports during the last ten years. Dr. Brown only paid the meed of praise that is justly due to Dr. Payne, when he stated that the Superintendent "brings not only a profound knowledge and large and intelligent experience of mental disease in all its relations to

bear on the management of the institution, but bestows on its every concern a patient and searching attention to details." But when such a learned doctor is sometimes liable to build conclusions upon erroneous or insufficient data or to become victim to preconceived notions, one can well imagine how much greater care and attention is necessary on the part of less knowing and less experienced medical officers to avoid those two dangerous shoals.

DR. AITKEN'S LAST INTRODUCTORY LECTURE.

THE introductory lecture, which Dr. Aitken delivered at the commencement of the 24th session of the Army Medical School at Netley, is interesting not only on account of the subject on which the learned doctor mainly dwelt, namely, the influence of human progress on medical education, but also on account of the notice taken by him of the Indian students who attended the lecture. In reference to the second subject, Dr. Aitken stated as follows :—

There are a few, also, amongst the candidates of the Indian Service to whom our words of salutation and of welcome are more especially due : I mean those Natives of India who having left the land of their birth to reside for years amongst strangers (one of the greatest sacrifices which a native of the East can make), have manfully overcome the many prejudices to which they were born, and have learned in this land of freedom and of education the principles of a noble profession, the practice of which cannot fail to advance the interests of civilisation and of human progress in their native land. It is our desire, therefore, that they, as strangers, may find a special welcome at Netley.

It is indeed a great pleasure to find that the medical students of India studying in England receive treatment from their professors considerably different from that which awaits their less fortunate brethren in this country. . If the feelings of the other professors towards the natives of India be of the same kind as have been manifested by Dr. Aitken, the more our students go to England the better for India. While on this subject, we cannot bring to mind, without pain, the various expedients which some of the medical officers of high standing here, resorted to, to dissuade

the above native students from proceeding to the land of freedom and science.

In reference to the main subject, Dr. Aitken states that as regards medicine at least three methods of instruction prevailed, each being characteristic of different periods of time. "During the earliest period, the medical man was believed to be born a doctor." The quality of the physician was looked upon as a thing not so much acquired by experience, as obtained from the parents,—by "hereditary transmission." The prejudice, or rather we should say, the principle underlying this belief, is no other than what was the foundation of the ancient system of caste. So far as the principle is concerned, there is nothing, in our opinion to laugh at in it. At a time when the means of acquiring, improving, and extending knowledge was almost nil, no other principle could have availed to preserve and transmit knowledge to future ages.

The next period Dr. Aitken calls the "apprenticeship period," during which men "passed into the profession by a desultory kind of apprenticeship—nominally of seven years' duration, and then 'walked the hospitals,' picking up scraps of medical lore and practical knowledge as best they could." In such a method of training the practice necessarily preceded the theories, "and there can be no question that many following this plain rose to high scientific positions and lucrative practices."

The third period has been called 'the lecturing period,' "commencing in 1815, when the Society of Apothecaries instituted systematic courses of lectures upon chemistry, botany, anatomy and physiology, medicine and surgery." Dr. Aitken thinks, and we believe justly, that "there is now too much lecturing—as opposed to tutorial instruction—and of *compulsory attendance on systematic lectures*." He is therefore of opinion that "this is a condition of compulsory education which at present calls for rectification; and a reaction must inevitably take place." The lecture-system as a means of imparting knowledge has many advantages not possessed by the tutorial system. For instance, a much larger amount of information may be condensed, and conveyed to a much larger number of pupils, by the lecture, than it is possible to do by the more familiar method of tuition under the tutorial system. But then, on the other hand,

for the very fact of the tutorial system being more familiar and less stiff and dogmatic than the professorial, the instruction imparted by the former is more easily understood and more permanently impressed than the instruction conveyed by the latter. Hence we should recommend in all, but especially in medical education, a healthy combination of both the methods. The disadvantages inherent in either being corrected by the advantages of the other.

Clinical instruction was unknown up to 1822, and it was not till 1832 when the "Anatomy Act" was passed, that dissections of the human body were legalised. Dr. Aitken justly states that at the present time the office of the physician embraces a greater area; "the aim of the science of medicine has been extended to the prevention as well as to the cure of disease, and the practice of the art of medicine has become greatly difficult." Medical science thus requires a better education, "a greater compass and energy of mind for its efficient prosecution than heretofore." The physician now uses "many more physical aids in detecting diseases and in determining their causes, and therefore he has more numerous and more delicate instruments and methods of investigation to learn the use of than the physician of fifty years ago." His success in practice is also in proportion to this progress. There is now "more of exact diagnosis, and therefore more intelligent and efficient management of diseases;" "a more intimate knowledge of the causes of some diseases, and therefore more certain knowledge taught as to the means for their prevention;" and "there are wider views taken of the principles of the science of medicine, and more direct and careful methods of investigation than at any former time."

We might state here that the little that we know of the Hindu system of medical education, seems to confirm the accuracy of the above classification. In this system hardly any trace of the characteristics of the third period is visible, but the peculiar features of the other two periods are seen in a sort of harmonious mixture. Next to the capacity of a Kaviraj to cure diseases, people still look to his family connexions, and the son of a physician, who had earned distinctions in his time, has a greater chance of commanding larger practice, than one whose predecessors are unknown to fame. The period of apprenticeship is usually of a considerably longer duration than 7 years, the current books

on the subject are more carefully and systematically studied and learnt by rote, but any thing like practical knowledge is hardly attained unless we include in the last the duties of an apothecary. It is a rare phenomenon to witness a young Kaviraj studying the nature of diseases by the bed side of patients during his period of apprenticeship, or rather of tuition ; and anatomy and surgery are almost unknown.

In reference to the recent progress of the medical sciences, Dr. Aitken notices most prominently the extension of physiological laboratories, the object of which is to teach "exhaustive and systematic methods of exact research on questions of vital physics ;" and he justly considers it to be a new movement, a kind of work "which rightly takes the place of apprenticeship, and which will teach far more useful practical work than the best and most favorably situated apprentice ever learned." This system owes its origin we believe to France and Germany, countries where physiology has been more carefully cultivated than in any other, and where greater efforts have been systematically made towards bringing it to a positive stage. We hope it will attract the notice of the Indian authorities, and that vital physics should ere long cease to be so grossly neglected in this country as it has hitherto been.

Dr. Aitken throws out a hint of disapproval of the present system under which numerous independent examining bodies are permitted to grant licences, and says he would "rejoice to see but one gateway to the profession in place of nineteen." He recommends the establishment of one central examining body—"one examination, as uniform as possible, through which all must pass in order to receive a licence qualifying them for 'general practice.'" Dr. Aitken is by no means singular in this suggestion. Other men of reputation in the profession are also of the same opinion ; and the necessity of such a central body is now being felt by those whose duty it is to co-ordinate medical statistics, with the ulterior object of acquiring a more intimate knowledge of the character of diseases and of the means of their cures. We believe, it is quite in the power of the Government of India to do at least one thing, namely, to persuade the three Universities to act in concert with each other, and adopt one uniform standard to test the qualifications of medical students and grant them licences to practice.

CLINICAL RECORD.

A Case of Scrofulous Corneitis. Recovery.

UNDER CARE OF DR. M. L. SIRCAR.

Naphar Chandra Ráya, a lad aged about 11, of dark complexion, thin make, with a head indicating the existence of hydrocephalus at an earlier age, came to me first on the 4th of December 1869 for periostitis of the right Tibia. He improved under *Rhus tox.* 6. and then disappeared till the 23rd February 1870, when he came with fully developed synovitis of both knees. I gave him *Bryonia* 6. under which the synovitis greatly improved. But the pains about the joints continuing I resumed *Rhus tox.* 6. on the 4th March.

On the 8th March I noticed inflammation of both the corneæ. The corneæ had lost their transparency, having become nebulous from the deposit of lymph in the interstices of their tissue; and there was the well-marked sclerotic zone. Along with this there was considerable photophobia. I at once gave him *Sulph.* 6., as on inquiry I found he was born of syphilitic parents. On the 11th he seemed to me to be somewhat better, but he did not admit the improvement, and complained of greater pain in the eyes. I continued the *Sulph.* but at a higher dilution, viz., the 30th. The patient however again disappeared and did not make his appearance till the 23rd, when I found the eyes had become a great deal worse than they were ever before. There was now violent inflammation of the whole eyeball and a good deal of photophobia, so much so that the boy would not allow the eyelids to be opened for examination of the corneæ. Having in my previous experience derived benefit from Quinine, I prescribed that drug and continued it till the 27th when finding no improvement, I tried *Bell* 30. but with the same unfortunate result—no benefit. On the following day, in despair, I gave Iodide of Potass. in grain doses with decoction of Cinchona. Finding not the least improvement, I again gave Quinine with port wine on the 30th. The eyes continued as bad as ever. I could not see the corneæ, as the eyelids were so spasmodically closed, and the least attempt to open them threw them into such spasms, that the examination of the eyes were absolutely impossible. Even if I could succeed in forcibly opening out the eyelids they would get so everted and the eyeballs would be so instinctively turned up, that only the lower portion of the sclerotic and just the lower margin of the corneæ could be seen. From this imperfect observation I could only make out that red blood-vessels

had already passed from the sclerotic into the substance of the corneæ, but the amount of mischief in the corneæ I could only infer and not see. I can now hardly describe the anxiety I then felt for the poor lad's eyesight. I felt the awful responsibility of my position. I returned to homœopathy on the 1st May, and up to the 28th prescribed in succession *Merc. s.*, *Sil.*, *Can. i.*, *Sulph.*, *Rhus. tox.*, *Hep. s.*, and *Spigelia*, with what success, can only be imagined from the fact of my having to change them so often. In fact not a single medicine did seem to do even the slightest good even for a short time. On the 29th I thought of *Argentum metal.* more for the rheumatic diathesis of the child than for his eyes. And it was astonishing to observe the marvellous effect the medicine had upon the ophthalmitis. The disease seemed as it were to melt under its influence. The photophobia, the lachrymation, the spasmodic closure of the eyelids disappeared in the course of a few days. The dilution first used was the 6th and I had to complete the cure with a higher, the 91st.

Gleanings from Contemporary Literature.

WILLIAM HENDERSON, M. D., F. R. C. P. Edin.,

Late professor of Pathology in the University of Edinburgh.

By the death of Dr. HENDERSON the science of medicine has lost one of her most brilliantly successful cultivators, and homœopathy her most distinguished advocate in Great Britain.

Our deceased colleague was the forth son of Mr. Henderson, sheriff-substitute of Caithness, and was born at Thurso on the 17th of January, 1810. He received his early education at the High School of Edinburgh, whence he proceeded to the University. He passed through the literary curriculum with much distinction, before entering the medical classes. When commencing the study of medicine, Dr. Henderson became an articled pupil of the late Mr. Liston. He took his doctor's degree at the University in 1831, in company with Professor Balfour, Dr. Alexander Wood, Dr. Peter Handyside, and others. Among his fellow-students were the late Professor John Reid of St. Andrew's, Professor Allen Thompson of Glasgow, the late Sir James Simpson, Dr. Douglas MacLagan, Dr. Vose of Liverpool, and many others who have since risen to more or less eminence in their profession. For some time after graduation he was a Clinical Clerk in the Infirmary: an appointment he highly valued—one which he ever regarded as supplying him with the most important portion of his medical education. On the completion of his term in the Infirmary he devoted two years to studying medicine in Paris, Berlin, and Vienna; gaining in these celebrated seats of medical learning not only a large addition to his professional knowledge, but an intimate acquaintance with the languages of France and Germany, which he kept up throughout his life by a constant study of the periodical medical literature of those countries.

On his return from the continent he entered into a partnership arrangement with an elderly practitioner in one of the ancient burgh towns of Scotland. This, however, was soon dissolved by mutual consent, and Henderson settled as a physician in Edinburgh, where his merits as a physician received early recognition by his appointment as Physician to the Fever Hospital and subsequently to the Infirmary, at which institution he was also for some years the pathologist. In 1842 he was appointed Professor of General Pathology and Clinical Medicine in the University, in succession to the late Dr. John Thompson. How earnestly and successfully he laboured during this period is well shown in the originality and well-tested soundness of his published essays. The chief of these are a series of clinical studies on the heart and large blood-vessels. In them occurs the first notice of the murmur of efflux, in a case of sacculated aortic aneurism. He was the first to demonstrate as a sign of aortic regurgitation that "the radial pulse followed that of the heart by a longer

interval than usual." In 1844 he published a very important essay on the distinctions between typhus and relapsing fevers. Prior to this time, the latter form of fever had always been regarded as a mild modification of typhus. Dr. Henderson distinctly proved that the one fever never communicated the other, and that an attack of the one never conferred immunity from an attack of the other. Sir William Jenner, Dr. Murchison and others have abundantly confirmed the accuracy of these conclusions; and the non-identity of these two fevers, which Henderson was the first to point out, is now one of the best-established doctrines of pathology. Dr. Henderson has the credit of having been one of the earliest physicians in this country to employ the microscope in all his pathological investigations. By its aid he demonstrated the anatomy of the lung in pneumonia, the true nature of *molluscum contagiosum*, &c.

Within a short period after his appointment to the chair of pathology, Dr. Henderson's attention was drawn to homœopathy by the late Dr. Rutherford Russell, and by Dr. Malan, now of St. Catherine's Priory, near Guildford, who was at that time studying medicine in Edinburgh. But it was not until he was urged to investigate it by the late Dr. Abercromby that he determined on making a study of it. "This," said Henderson to a friend with whom he was walking on one occasion, "is the very spot where Dr. Abercromby urged me to investigate the new system, and to see what was in it." It is further well known that Abercromby, when he heard that his expressed desire was being acted upon, said, "Henderson is investigating homœopathy, and if there is anything in it he will get at it." The results of this investigation, pursued in the wards of the Royal Infirmary, were published in 1845 in an octavo volume, entitled *An Inquiry into the Homœopathic Practice of Medicine*. In this book Dr. Henderson gave the notes of 122 cases, selected solely on the ground of the serious character of the diseases constituting them, omitting from the entire series he had treated, only such as were of comparatively trivial import, together with cases of pulmonary consumption and of old organic disease. The conclusion drawn from this *Inquiry* he thus states: "From what experience has taught me of its operation in disorders curable by any medical treatment, I do not hesitate to say, that I feel bound to give it a decided preference over the ordinary practice; and, in those curable disorders in which I have not hitherto had an opportunity of employing it, the correspondence of the results I have witnessed, with what the practical works on homœopathy declare to be the consequence of the employment of homœopathic remedies, leads me to anticipate with confidence practical advantages of the like nature." (p. 39.)

The late Sir John Forbes, in his well-known article on *Homœopathy, Allopathy, and Young Physic*, in the *British and Foreign Medical Review* for January 1846, does "not hesitate to declare, that the amount of success obtained by Dr. Henderson in the treatment of his cases would have been considered by ourselves very satisfactory, had we been treating the same cases according to the rules of ordinary practice." (p. 250.)

The publication of Henderson's *Inquiry* was the signal for such a storm of abuse, calumny, and misrepresentation as it has rarely fallen to the lot of one man to endure. His resignation of the chair of Clinical Medicine and his appointment as Physician to the Royal Infirmary speedily followed; while the medical press never ceased to urge, in the coarsest imaginable manner, his removal from the chair of Pathology. This happily they were unable to procure. With the exception of three or four, every medical friend in Edinburgh "cut" him! His patients left him! The medical journals, which had been wont to receive his papers as among their greatest treasures were closed to him! Before he had committed himself by publicly declaring his faith in homœopathy, every inducement was held out to him that could by any possibility have dissuaded him from acting up to his convictions. His most intimate friends, the late Dr. James Duncan, Mr. Syme, and many others, entreated him to refrain from any public acknowledgement of the truth of homœopathy. The sands of Abercromby's life were ebbing fast, and Henderson, whose professional reputation and personal character were esteemed as of the highest, who was alike respected and beloved by his medical brethren, was on all hands regarded as his successor in consulting practice. Mr. Syme, when grieving over the change in his views, once said, "Henderson had the ball at his foot when Abercromby died." And as we once heard the late Professor Reid of St. Andrew's remark, "If it hadn't been for homœopathy, Henderson would have been the first physician in Scotland."* All this and much

* As if to prove the truth of the ancient proverb, *Mortuo leoni et leprores insultant*, some wretched detractor of departed worth thus writes of Henderson in the *Medical Times and Gazette* of the 20th ult. After he embraced homœopathy, this person says, "though his private practice greatly increased, he lost the position he had held in public estimation." And at the close of the article we are told that "his life is instructive: it teaches that money is not everything and is not to be compared with the loss of professional estimation," Henderson, we assert, suffered nothing in "public estimation." Had his object been money, he would never have avowed his faith in homœopathy. Large as his practice ultimately became, it doubtless never produced in actual income what it would have done had he been content *stare super antiquas vias*. As to "professional estimation," Henderson knew well the worth of that. In his *Letter to the Patrons of the University*, he says: "I have been indeed 'expelled' from the Medico-Chirurgical Society, and bear the intended insult with that

'Patience that softens every sad extreme

* * * * *

And smiling sees the ingratitude of friends,'

satisfied, when I waste a thought on reputation, that time, which deals impartial infamy and fame, will change our relative positions, in the estimate of such, if there be any so ignorant, as now regard the persecuting act of an unmanly and domineering sect as capable of disgracing anyone; and that the men of other days who shall reap the fruits of the hardships and contentings of those who now 'bear the burden and heat of the day' in the cause of truth and humanity, will remember us with gratitude, while those who now load us with contumely shall be forgotten or despised."

more was laid before him, to impress upon him the suicidal course he was taking in adopting homœopathy, the position he was abandoning, the opportunities of professional distinction he was allowing to sleep from his grasp. But he was convinced that homœopathy was true. He knew his duty was to abide by the truth, to uphold the truth, and in defence of what he believed to be the truth to make whatever sacrifices might be demanded of him. He made these sacrifices. No medical man, who ever embraced homœopathy, has been called upon to make more or greater sacrifices than he did. No one ever made any sacrifices at all, however slight, with greater clamour, greater dignity, or greater readiness than he did. He told his friends, in reply to their many remonstrances, that, in avowing his faith in homœopathy, he was but acting up to his conscientiously-formed convictions; that he had resolved on acting up to them; and that he had counted the cost of doing so.

By his colleagues at the University and by well-nigh every member of the profession in Edinburgh he was now regarded as a man who had committed a great crime! Every species of abuse was hurled at him. Falsehood and detraction in every form were used to damage his reputation, both as a man and a physician. Persecution took every shape which ingenuity and malignant hatred could suggest; and, worse than all, the men who were most prominent in degrading themselves by the use of such weapons as these, were among his own colleagues: they were those who had been his intimate friends, those with whom he had worked and studied! The cause of it all was that he would not deny the truth, that he had the manliness and honesty not only to practise homœopathy, but to publicly declare that he did so. Had he, like some at the present day, contented himself with practising homœopathy without making any public profession of his faith in it, all this villany might never have been perpetrated. To him the maxim, *veritas vel mendacio corrumpitur, vel silentio*, was a reality. Feeling it to be so his duty lay plainly before him. He performed it; how nobly he performed it those only can appreciate who have had opportunities of observing his dignified bearing during the last twenty-five years of his professorship.

The contributions made by Dr. Henderson to medical literature since the publication of his "*Enquiry*" have been both practical and controversial. In the former he delighted; the latter, while never courted by him, he never shrank from. In the 5th, 6th, 7th, and 10th volumes of *The British Journal of Homœopathy* will be found a series of Essays on General Pathology, full of evidence of wide research, of breadth of view, and of much practical observation of the facts of disease. In the 8th volume of the same journal is a clinical paper on pneumonia, bronchitis, and croup; in the 9th a similar essay on pneumonia, enteritis, and some of the acute sequelæ of scarlatina. In the 10th is a remarkable essay on the relative value of the homœopathic, allopathic, and expectant treatment of pneumonia in which the comparative duration of the disease under each form of treatment, as well as the comparative mortality, is considered.

This is perhaps the most important of Henderson's contributions to homœopathy. In the 11th volume is an essay on the Pathology of Diabetes Mellitus—one in which every student who has attended his course at the University will at once recognise the style of composition and method of presenting a pathological subject which marked his *ex cathedra* pre-lections. At the British Homœopathic Congress, held at Leamington in 1854, Henderson delivered the *Address*. It appears in the 12th volume of the *British Journal of Homœopathy*. In it he points out the relations of general pathology to practical medicine; shows the influence homœopathy had up to that time had upon the ordinary method of treating disease; and refers to the possible, though doubtful, advantage which may arise from the adoption of certain therapeutic novelties of a palliative character which were then coming into vogue, but which, we believe, are now nearly forgotten. In the 14th volume is a useful clinical paper on Bright's disease of the kidney, where he endeavours to mark out that phase of the disease in which *turpentine* is useful. In the 15th volume he points out, in an essay on Organic Disease of the Heart, how far homœopathically-indicated medicines are calculated to afford relief in the treatment of the disorders resulting therefrom. His last essay of this character is in the 17th volume, and is on Fibrin.

Up to the year 1851 nothing of a distinctly controversial character had proceeded from the pen of Dr. Henderson. He had no liking for writing of this kind, and was well assured of its tendency to degenerate into mere personalities, and of its general want of practical utility. "*Defence, not Defiance*," was the principle upon which he ever acted. In his *Letter to the Patrons of the University* (written in reply to certain resolutions desiring his deposition from the chair of General Pathology, presented by the Medical Faculty to the Patrons), when referring to the personal conflict that had been aroused, he writes: "Having long anticipated such a result, it has been my endeavour to avert it by such means as I could employ without discredit—by the peaceful discharge of my professorial duties, by replying to no attack made on my opinions within the walls of the University, by heeding no gossip, and retorting no sneer with which the taste of my colleagues has occasionally seasoned their discourses. I have not even offended the Faculty with my presence but on the most necessary occasions; for I concur entirely in the sentiments of a much more famous man than any of us, when he says, 'Were I even wrongfully suspected, and thereby made offensive to my fellow-citizens, I would rather shun their company than be looked upon with hostile eyes.' All, however has been of no avail, and since the Faculty have preferred the personal assault to the more academic course of rational discussion, it remains for me but to accept their challenge." In this *Letter to the Patrons*; in his reply to "*The Memorial of James Syme, Regius Professor of Clinical Surgery, unto the Honourable Patrons of the University of Edinburgh*;" in his *Letter to the President of the Medico-Chirurgical Society of Edinburgh on the Recent Speeches of Professors Syme and Simpson*; and finally in his

admirable reply to Professor SIMPSON's bulky indictment against homœopathy, entitled "*Homœopathy; its Tenets and Tendencies*," he gave proof that he did accept their challenge; and that, when called upon to fight, he could do so vigorously. The power, the withering sarcasm, the irresistably searching exposures of those who had ranged themselves against him, and the irrefutable facts with which these writings abound, afford ample evidence that those who strived hard to humiliate him, those who sought his ruin, those who endeavoured to convict him of insincerity, had not accurately measured the strength of the man they essayed to attack. Strong in his conviction of the truth of the principles he espoused—strong in the consciousness of the purity of motive animating him in their defence—strong in his knowledge of the character of those by whom he was assailed—strong, moreover, in his command of language, in his familiarity with medical and general literature, he demolished his adversaries with a facility and completeness that left nothing to be desired.

We will here give one specimen, out of many that might be adduced, of the mode in which he was attacked. The author of the charge is dead, and we doubt not that before he passed away he regretted ever having made it. Knowing and feeling this, we had not intended to make any reference to it. But in a leading article in the *Medical Times and Gazette* of the 20th inst., the story is re-told, and hence must once more be replied to. "Sir James Simpson," says the writer of this article, used to tell a curious story of Henderson's conversion to homœopathy. Simpson had some time before received, from a well-known homœopathic chemist, a case containing a set of phials filled with globules, which he had never used. These, he said, he should be glad to hand over to Henderson, and Henderson, with pleasure accepted them. He made use of them, and was so struck with their effects, that he declared himself convinced of the truth of the homœopathic doctrines. Unfortunately, it turned out too late, that he had unwittingly deceived himself; for the case with its phials had long been a plaything for Simpson's children, who used to empty out the little globules into heaps, and fill the phials from them indiscriminately. We need hardly say that this was not known to Simpson when he gave Henderson the case, but it became known to him after, and he made Henderson aware of it. But Henderson had gone too far to recede, even if he desired to do so, and he became a declared practitioner of homœopathy."

The only grain of truth in this story of the late Sir James Simpson's is that its author did give Henderson a box of globules. Every thing else, as we shall proceed to show, is false. The version, too, given by the editor of the *Medical Times and Gazette* differs from that first put forth by Sir James Simpson. The editor says: "Of course we need hardly say that this was not known to Simpson when he gave Henderson the case." Simpson says (*Homœopathy, its Tenets and Tendencies*, p. 15): "During the time it was in my possession, I put it to only one use, viz., I gave it as an occasional plaything to my eldest son, then a child. The

boy, revelling in his permitted amount of mischief, used in sport to uncork the small bottles, empty their globules into a heap, and then refill the bottles from the general mass." So that Simpson made his knowledge of what he represented to have been done with the case a part of his story ! So much for his honour, which the editor of the *Medical Times and Gazette* is so anxious to shield by a "we need hardly say," &c. Henderson repeatedly denied in the most positive manner, both in public and in private, ever having uttered to Dr. Simpson the words which in his story he usually put into Dr. Henderson's mouth, viz., "Your box has converted me." To have made this or any similar statement, "would," he says "have been to have uttered an untruth." (*Homœopathy Fairly Represented*, p. 14.) In his *Letter to the President of the Medico-Chirurgical Society*, Henderson says, "My first experiments on homœopathy were made from five different sources, in addition to Dr. Simpson's box. The respected secretary of the Medico-Chirurgical Society favoured me with a box, in connexion with which there was, as became his character, no trick, but all that was fair and honest. Dr. Russell supplied me with many other medicines ; Headland of London did so too ; the chemist in this city, at a later period, did the same ; and some I prepared with my own hands. The results were published. . . . Among them were some 'wonderful effects and cures,' which I have always regarded as evidences of the power of homœopathic remedies ! but that they were due to Dr. Simpson's 'own former homœopathic box,' in which the trick was, I do not believe that I could ever have averred, because I was not in the habit of noting in each case from which source the medicines I employed were taken, for I suspected no trick. Since Dr. Simpson made his trick public, I have suspected, reasonably enough, that some of the failures which I could not formerly account for but on the ground of my own want of skill, must have been due to the dishonest box." Again, in *Homœopathy Fairly Represented* (p. 16) he writes in reference to the version of the story we have quoted from Simpson's *Homœopathy ; its Tenets and Tendencies* ;—"In his new work, Dr. Simpson incautiously enters so much into a pretended history of the box and its contents, while it belonged to him, as to furnish the means of a very satisfactory refutation of another and very material part of the business, which is no less than this : that the whole account of the medicines being mixed is imaginary. The box contained sixty-six phials, each labelled *on the glass and on the cork* with the names, in Latin, of the including drug. Every phial was full, and every cork in its right place, when the box came, unexpectedly by Dr. Simpson, into my possession. Now, we are asked to believe that a child some three years old, in the habit, as is alleged, of uncorking the bottles of his 'occasional plaything,' emptying their contents into a heap, and then refilling them from the general mass, was so precocious a scion that he could replace each cork of the sixty-six in its proper place according to its inscription ? And if not, as is perfectly certain, what learned Theban was at the trouble to re-adjust the disordered

elements of so despised a machine?" As an additional reason for believing that Dr. Simpson's assertion that the globules had been repeatedly turned out, mixed, and returned to the phials by his three year old child was a pure invention, we may state that we do not believe in the existence of any child of that age who would return such tempting *morceaux* as globules to the bottles whence he derived them. He would unhesitatingly put them one and all into his mouth!

The story was, at the time it was first made known, so generally regarded as palpably false, as to cast a shade over Simpson's character for veracity. Now that Henderson is dead, the *Medical Times and Gazette* has the good taste to resuscitate this fable, one obviously invented with a single eye to damage Henderson's "reputation for acumen," one, years ago, fully and completely demonstrated to be truthless and worthless.

Bitter and long-enduring was the ill feeling against him, provoked by controversies, disastrous only to the reputation of his opponents; but Henderson pursued the even tenour of his way, regardless of it all. Absorbed in the duties of an extensive family and consulting practice, and in those attaching to his professorial position, he heeded not the growling of one, the yelping of another, or the continuous howl of a third of his colleagues. He doubtless regretted it all—regretted it much—but it was rather on their behalf than for his own sake that he did so. And we believe that as years passed away the dignity and power of the man overcame much of the resentment with which he had been regarded. One who had maligned him more persistently than all others, when on his death-bed sent to him a message asking his forgiveness and desiring his friendly feeling. The christian and friendly tone of Henderson's answer, we are, on unquestionable authority, assured deeply affected him who received it. As further evidence of his victory over the hatred, bigotry, and ignorance of his opponents, we may refer also to the notice of him in the *Lancet* of the 13th ult. In the columns of this journal many years ago, he was week after week pelted with the foulest of language from the almost inexhaustible treasury of that kind of material then in the possession of "the notorious coroner of Middlesex and radical member for Finsbury." By the successors of this worthy he is now described as having been "a thinker of rare acuteness and force, a physician of varied and profound accomplishments, and a highly popular expounder of the theory as well as practitioner of the art of medicine." Henderson's triumph in asserting his title to the highest rank in medicine has been complete.

During the winter of 1868 his health began to fail. Pains in the chest, which he at first attributed to rheumatism of the costal cartilages, began to trouble him. In the spring of 1869 he recognised the existence of an aortic aneurism—the very disease the diagnosis of which he had done so much to render clear. After having had his conclusions confirmed by an examination by the late Dr. Begbie, he resigned his chair, and forthwith retired from practice. Previously to his retirement he contemplated, when a time of leisure should arrive, the examination and publication of his

experience as a homœopathic physician. But the rapid progress of his disease totally unfitted him for any active mental labour, and so rendered the fulfilment of this project impossible. From the spring of 1869 until July 1870, he was in a great measure confined to the house, though occasionally able to take a short drive and to visit a few friends, but from this time until near the close of last year he was entirely confined to bed. During the first few weeks of this year he was able to spend a greater part of the day in the drawing room. About the middle of March his cough became very distressing, the respiration increasingly embarrassed, and on the morning of the 1st ult. he breathed his last.

In Henderson were united all the qualities which mark the christian, the scholar, and the gentleman. A man of deep, earnest, but unobtrusive religious feeling. Conscientious to the last degree in the performance of every duty, in the recognition of every obligation; self-sacrificing to an extent but seldom met with. As a physician he was not only sound and varied in learning, but accurate in observation, quick in perception, firm and decided in tone, successful in his treatment of disease. His patients felt and placed the most implicit confidence in his skill, while his kind and sympathetic manner attached him still more deeply to them.

As a companion, whether on the banks of the Tweed or at the table, it would have been difficult to have found one more genial or amusing. His wit and humour were sparkling, fresh, and original. "Often," writes a correspondent, "have we seen him keep a table in a roar of laughter, especially if he could be pitted by Dr. Simpson or some other friend against Professor Reid, of St. Andrews, upon whom would rain a perfect hurricane of shafts of the most amusing raillery and humour." On one occasion Professor Traill objected to a candidate for graduation, a native of Singapore, with whose attainments the other professors were satisfied, on the ground of false spelling. Said Traill, "Why, he actually spells 'exceed' with one c." "Oh!" said Henderson, "you should remember he comes from the country of the Singul-*ere*!" The joke saved him!

The loss of Henderson to homœopathy is great. His example, however, remains to us, and it is a bright one. Unswerving in his fidelity to what he believed to be truth, in the interests of truth, regardless alike of the entreaties of friends, of the prospects of professional distinction, of the emoluments which, in the form of a consulting practice, lay before him—Henderson, during five-and-twenty years, stood out from the crowd of professional self-seekers by whom he was surrounded, alone, scorned, sneered at, and defamed by lying lips innumerable! Such a character is all too rare at this period of the world's history—far rarer in the profession of medicine than is pleasant to contemplate.—*Monthly Homœopathic Review*, May 1872.

चरकसंहिता ।

द्वित्रस्थानम् ।

षष्ठोऽध्यायः ।

‘यौते सुसम्भृतं चैव्यं’ यानं शयनमासनम् ।
 प्रावाराजिनकौपेयप्रवेणी कुचकासृतम् ॥ ८ ॥
 शुक्लपुष्पादिग्धाङ्गो शुक्लाशुक्ला सदा ।
 शयने प्रमदां पीनां विशालोपचितस्त्रिणीम् ॥ ९ ॥
 आलिङ्ग्याशुबदिग्धाङ्गीं सुष्यात्समदमन्मथः ।
 प्रकामञ्च निषेवेत मैथुनं शिशिरागमे ॥ १० ॥

CHARAKA SANHITA.

CHAPTER 6. (Continued.)

8. In cold weather generally people should keep their conveyances, beds, and seats well covered, which again should be spread over with thick cloth, wooly leather or hide, silk, blanket, or carpet.

9 & 10. Men should smear their bodies thickly with aguru and protect them with heavy and warm clothing; and should sleep embracing a woman of robust make and well-developed breasts similarly smeared with aguru.

हेमन्तशिशिरो तुल्यौ शिशिरेऽल्पं विशेषणम् ।
रौक्ष्यमादानजं शीतं मेघमासतवर्षजम् ॥ ११ ॥

तस्माद्धैमन्तिकः सर्वः शिशिरे विधिरिष्यते ।
निवातसुष्यत्वधिकं शिशिरे गृहमाश्रयेत् ॥ १२ ॥

कटुतिक्तकषायाणि कातलानि लघूनि च ।
वर्जयेदक्षयानानि शिशिरे शीतलानि च ॥ १३ ॥

वसन्ते निश्चितः क्षेप्त्वा दिनकृद्धाभिरीरितः ।
कायाग्निं वाधते रोगांस्ततः प्रकुर्वते बहून् ॥ १४ ॥

तस्माद्वसन्ते कर्माणि वमनादीनि कारयेत् ।
गुर्वन्नास्त्रिगन्धमधुरं दिवास्वप्नञ्च वर्जयेत् ॥ १५ ॥

II. The characteristics of hemanta and śīsira are almost the same, the difference being very slight. The dryness of śīsira is due to evaporation ; and the coldness to clouds, wind and rain.

12. Hence the same duties are enjoined in śīsira as in hemanta. In śīsira people ought to live in houses which are protected from wind and which are warm.

13. In śīsira such foods and such drinks as are calculated to increase the wind by their pungency, bitterness, and astringency, and which are also light and cold, should be avoided.

14. The phlegm accumulated in the system in hemanta is rendered active by the rays of the sun, and interferes with the digestive fire, and thus gives rise to various disorders.

15. Hence in vasanta, such operations as vomiting, &c., should be performed ; and foods which are heavy, acid, oily, sweet should be avoided, as also sleep by day.

व्यायामोद्वर्तनधूमं कबलग्रहमञ्जनम् ।

सुखासुना शौचविधिं शीलयेत्कुसुमागमे ॥ १६ ॥

चन्दनागुददिग्धाङ्गो यवगोधूमभोजनः ।

शारभं शशमैण्यं मांसं लावकपिञ्जलम् ॥ १७ ॥

भक्षयेन्निगदं शीघ्रं पिवेन्माध्वीकमेव च ।

वसन्तेऽनुभवेस्त्रीणां काननानाञ्च यौवनम् ॥ १८ ॥

१९. मयूखैर्जगतस्तेजो ग्रीष्मेपेपीयते रविः ।

स्तादु शीतं द्रवं स्निग्धमन्नपानं तदाहितम् ॥ १९ ॥

शीतं सशर्करं मन्यं जाङ्गलान्मृगपक्षिणः ।

वृत्तं पयः सशाल्यन्नं भजन् ग्रीष्मे न सीदति ॥ २० ॥

16. And in the beginning of the season (vasanta) the following should be had recourse to—exercise, rubbing upwards, inhalation of smoke, rinsing the mouth, use of collyrium, warm bath, and the use of warm water for other cleansing purposes.

17 & 18. The body should be smeared with white and black sandal wood paste, the food should consist of barley, wheat, and the meat of sarabha (large-horned deer), of śāśa (hare), of ena (black antelope), of laba (a sort of quail), and of kapinjala (a kind of partridge). And sidhú (liquor distilled from molasses) and madhvika (liquor distilled from the blossoms of *bassia latifolia*) should be used as drinks. And the company of young females should be courted.

19. In grishma the sun drinks (absorbs) the moisture (literally oiliness) of the earth. Hence (in this season) food and drinks that are sweet, cooling, liquid, and oily are useful.

20. In grishma, if cold porridge with sugar, wild deer and birds, clarified butter, milk, and haimantik rice are habitually used, there is no fear of loss of strength.

मद्यमत्स्यं नवापेयमथवा सुबह्मदकम् ।

लवणाश्लकटूष्णानि व्यायामश्चात्र वर्जयेत् ॥ २१ ॥

दिवा शीतगृहे निद्रां निश्चि चन्द्रांशुशीतले ।

भजेच्चन्दनदिग्धाङ्गः प्रवाते हर्षामस्तके ॥ २२ ॥

व्यजनैः पाणिसंस्पर्शैश्चन्दनोदकशीतलैः ।

सेव्यमानो भजेदास्यां सुक्तामणिविभूषितः ॥ २३ ॥

काननानि च शीतानि जलानि कुसुमानि च ।

ग्रीष्मकाले निषेवेत भैयुनाहिरतो नरः ॥ २४ ॥

आदानदुर्व्वलेदेहे पक्ताभवति दुर्व्वलः ।

स वर्षास्वनिलादीनां दूषणैर्वाधते पुनः ॥ २५ ॥

21. In grishma spirits and fermented beverages should be taken sparingly, or not at all, or small quantities largely diluted with water. And salts, acid, pungent and warm substances, as well as exercise should be avoided.

22. In the daytime sleep should be courted in cool apartments, and at night, with sandal-paste on the body, in airy terraces cooled by the rays of the moon.

23. In grishma one should rest seated, bedecked with pearls and precious stones, while being fanned and gently rubbed with the hand cooled with sandal water.

24. In grishma men, abstaining from sexual intercourse, should live in forests and use cool waters and flowers.

25. The digestive fire in the body (already) enfeebled by the *śādhā* period becomes (further) weakened. In *varshā* again it becomes still further checked by substances which cause (in this season) perversion (by excess) of wind, &c.

भूवासाग्नेयनिष्पन्दात् प्राक्काइष्णाज्जलस्य च ।

वर्षाश्चग्निबले हीने कुप्यन्ति पचनादयः ॥ २६ ॥

तस्यास्वाधारयः सर्वो विधिर्वर्षासु चेज्यते ।

उदमन्त्रं दिवास्त्रप्रमवश्चाद्यं नदीजलम् ॥ २७ ॥

व्यायाममातपश्चैव व्यायवश्चात्र वर्जयेत् ।

पानभोजनसंस्कारान् प्रायः क्षौद्रान्वितान् भजेत् ॥ २८ ॥

26. In varshá the digestive fire becoming weakened by exhalations from the earth, showers from the clouds, and the (natural) acidity of the waters, the wind, the bile and the phlegm become perverted (by excess).

27. Hence in varshá, the various duties (relating to the body) should be so regulated as to intensify the digestive fire, and diminish the excess of the wind, &c.

Gruels, sleeping in the day time, frost, river-water, bodily exercise, the sun, and sexual intercourse should be avoided.

And whatever should be eaten or drunk after the regular meal, should be taken mixed with honey.

We have to tender our best thanks to the Editors of the following Periodicals for regularly exchanging with us:—

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The United States Medical and Surgical Journal.

The American Homœopathic Observer.

The Western Homœopathic Observer.

"*The Homœopathic Sun.*" (We have not received this Journal for a long time past.)

The American Homœopathist.

The American Journal of Homœopathic Materia Medica.

The New England Medical Gazette.

El Criterio Medico (Madrid).

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FOR

THE CALCUTTA JOURNAL OF MEDICINE.

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MENT OF CHOLERA.**

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THE
CALCUTTA JOURNAL
OF
MEDICINE

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THE MATERIA MEDICA.

24.—CAPSICUM ANNUM.

Nat. Ord. : Solanaceæ.

Habitat : America, especially South America and Mexico ; East Indies.

Off. Parts : The Fruit.

Composition : We take the following from Pereira :—

Bucholz's Analysis.

Braconnot's Analysis.

Acrid soft resin (<i>capsicin</i>).....	4·0	Acrid oil	1·9
Wax	7·6	Wax with red colouring matter	0·9
Bitter aromatic extractive	8·6	Brownish starchy matter	9·0
Extractive with some gum	21·0	Peculiar gum	6·0
Gum	9·2	Animalised matter	5·0
Albuminous matter	3·2	Woody fibre	67·8
Woody fibre	28·0	Salts (citrate of potash 6·0, phosphate	
Water	12·0	of potash and chloride of potassium	
Loss	6·4	3·4.)	9·4

Fruit of *Capsicum annum* without seeds 100·0 Fruit of *Capsicum annum* 100·0

CAPSAICIN, Bucholz ; *Acrid soft Resin* ; *Acrid Oil*, Braconnot.—

Obtaining by digesting the alcoholic extract in ether, and evaporating the ethereal solution. It is a thick liquid, of a yellowish-red or reddish-brown

colour, which becomes very fluid when heated, and, at a higher temperature, is dissipated into fumes. Half a grain of it, volatilised in a large room, causes all who respire the air of the room to cough and sneeze. By exposure to air and light it solidifies. It is decolorised by chlorine. It is slightly soluble in water and in vinegar; but very much so in alcohol, ether, oil of turpentine, and the caustic alkalies. With baryta it forms a solid acrid combination.

Old school Uses : Internally it is but very little used now, though formerly it enjoyed considerable reputation as an internal remedy in *Cynanche Maligna* and even in *Scarlatina anginosa*. If ever used internally by modern practitioners it is always used with other drugs, the operation of which it is said to promote by raising the dormant susceptibility of the stomach, in diseases which are attended or supposed to be attended with diminished susceptibility of that organ, such as cholera, intermittents, adynamic fevers, dropsies. The chief use of the drug is now as a gargle, and in relaxed conditions of the throat, especially with an elongated uvula, its efficacy is said to be undoubted.

Concordances.

Moral and intellectual faculties.—*Anac.* ars. aur. BELL. calc. caust. cham. cocc. con. croc. hyosc. ignat. LYC. merc. natr. NATR-MUR. op. phosph. ph-ac. pula. sep. sil. staph. stram. sulph. sulph-ac.

Seat of the diseases.—*Acon.* ars. BELL. bry. calc. canth. caust. cham. hep. hyosc. ignat. kali. lyc. MERC. mezer. natr. N-VOM. op. phosph. ph-ac. PULS. rhus. sil. staph. SULPH. veratr.

Morbid states and sensations.—*Acon.* ars. BELL. BRY. CALC. CAUST. cham. chin. cocc. con. croc. hyosc. ignat. kali. laur. LYC. merc. N-VOM. oleand. PHOSPH. PULS. RHUS. sabad. sep. sil. SULPH. veratr.

Glands.—BELL. bry. calc. clem. con. lyc. pula. rhus. sulph.

Bones.—*Asaf.* aur. calc. chin. con. hep. lyc. merc. mezer. phosph. ph-ac. pula. ruta. sep. sil. staph. sulph.

Skin.—*Acon.* ars. asaf. bell. bry. calc. caust. chin. cocc. lach. LYC. MERC. mezer. oleand. phosph. PULS. RHUS. sep. SIL. spig. staph. sulph.

Sleep and dreams.—*Ars.* aur. coff. hep. KALI. natr. n-vom. sep. SIL.

Pyrosis.—*Acon.* ars. BRY. calc. cham. chin. hep. IGNAT. lach. lyc. merc. Natr-mur. N-VOM. op. phosph. pula. RHUS. sabad. samb. sep. spig. sulph. veratr.

Tina.—*Ant-crud.* ant-tart. arn. ars. bry. calc. cann. canth. caust. dros. ferr. ignat. kali. lyc. magn. mang. merc. nitr. n-vom. pula. ran. scal. rhus. samb. staph. sulph. sulph-ac. thuja.

Exacerbations.—*Acon.* arn. aur. bar. bell. bor. BRY. calc. cann. carb-veg. caust. cham. chin. cina. cocc. con. cycl. dros. dulc. euphorb. ferr. HEP. lach. led. lro. magn-mur. men. merc. mosch. natr-mur. n-vom. phosph. ph-ac. stat. PULS. rhodod. rhus. ruta. sabad. samb. selen. SEP. sil. spig. staph. stront. sulph. tar. thuja. valer. veratr. verb.

Concordances in general.—*Acon. ars. asaf. aur. BELL. BRY. CALC. caust. cham. chin. cocc. con. hep. hyosc. ignat. kali. LYC. MERC. natr. natr-mur. n-vom. op. phosph. ph-ac. PULS. RHUS. sabad. samb. SEP. SIL. spig. staph. SULPH. veratr.*

Antidotes.—*Calad. camph. chin. cina.*

Hahnemann's Preface.

(Pulverize the ripe capsules together with the seed, and mix 20 grains of the powder with 400 drops of alcohol. Leave the mixture a week, without exposing it to any warmth, shaking it twice a day. Twenty drops of this tincture contain one grain of the extract of Capsicum.)

In the East and West Indies, where pepper is grown, it was generally employed as a spice. This custom was imitated by the English, French and Germans, who use it in sauces) substituting frequently cayenne-pepper, which is stronger than the other,) for the purpose of stimulating the palate, thereby exciting an unnatural appetite and undermining health.

The remedial agency of this substance was scarcely known. Bergius (*Mat. Med.*, p. 147) asserts that he cured several cases of inveterate intermittent fever by means of three doses of Capsicum, of two grains each, but not only with Capsicum; for, carried away by the old hereditary sin of Alloëopathy, he mixed laurel-berries with the Capsicum, in the portion of 20 of the former to 3 of the latter. He has likewise neglected to describe the symptoms of his cases; he simply designates them as cases of old intermittent fever, and like the whole tribe of his colleagues in similar cases, leaves the clinical use of his mixture in the dark.

To individuals of a rigid fibre, Capsicum is less suitable.

A small portion of a drop of the 18th potency is quite sufficient at a dose.

Pathogenetic Symptoms.

Mind:—

Taciturn, indifferent to all things.

Taciturn, obstinate and peevish.

Repugnance and ill-humor.

Repugnance and crying.

He reproaches others with their faults, even trifles.

He is offended by the least trifle, even in the midst of jesting.

He gets angry easily.

He imagines he is overwhelmed with business, this makes him restless.

Tendency to start.

Capricious ; at times he laughs continually, at times he weeps.

Jests, humorous speeches.

He is contented, joking, warbles a song, and nevertheless inclines to get angry from the least cause.

Contentment, (curative action.)

Steady mood, without grief, (curative action.)

Anguish, he imagines he will die.

Want of disposition to work or think.

Calm mood, (curative action.)

(Home sickness, with redness of the cheeks.)

Head :—

Intoxication.

When waking from sleep, his head feels stupid, as if he did not know himself.

Dizziness of the head, early in the morning, when waking.

Feverish chills and coldness, with anxiety, sense as of reeling and dullness of the head, a sort of awkwardness, she knocked against every thing.

Vertigo, staggering from side to side.

Increased acuteness of all the senses, (curative effect.)

Headache, as if the skull would burst, when moving the head or when walking.

Beating, throbbing headache in one of the two temples.

Beating headache, in the forehead.

Throbbing headache.

Aching in the temples.

Aching in the forehead, with pressure from the occiput to the forehead, accompanied by a cutting pain from the occiput (immed'ly.)

Continual aching in the forehead, above the root of the nose, with occasional stitches through the ear and over the eye.

Stitching ache on one side of the head, resembling a hysteric megrim, increased by raising the eyes or head, or by stooping and accompanied with forgetfulness and nausea.

Stitching headache.

Headache more stitching than tearing, worse when at rest, more moderate during motion.

Distensive headache, or as if the brain were too full.

Distensive ache in the forehead.

Drawing ache in the forehead.

(Tearing headache.)

Cloudiness of the head.

Emptiness and dulness of the head.

Gloominess and obtusion of the head.

Aching in the temporal region.

Drawing tearing pain on the frontal bone, rather on the right side.

Drawing, tearing pain in the left side of the head.

Violent, deeply penetrating stitches in the vertex.

Scalp :—

Gnawing itching, as of vermin, on the hairy scalp, obliging him to scratch ; after the scratching the roots of the hairs and the scalp ache as if the hairs were being pulled out.

Slight shuddering over the hairy scalp, followed by burning itching, diminished by scratching, but returning afterwards with redoubled violence.

Face :—

Pain in the face, either pain in the bone, which may be excited by touching the parts, or fine pain in the nerves, tormenting one when falling asleep.

(Pimples on the left side of the face, smarting like salt.)

Red points in the face, and herpes on the forehead, with corrosive itching.

Unusual redness of the face, without heat : in half an hour, a wretched, pale appearance.

Sweat on the forehead.

Eyes :—

Eyes protrude from their sockets, with paleness of countenance.

Aching in the eyes, as if a foreign body were lodged in them.

Burning in the eyes, early in the morning ; they are red, with lachrymation.

Stinging pain in the eyes (from the vapor.)

Inflammation of the eyes.

Dim-sightedness, early in the morning, as if a turbid substance were floating over, and obscured the cornea ; by rubbing the eye, the brightness may be restored for some moments.

All objects appear black, when brought before the eyes.

Almost complete extinction of sight.

Dilatation of the pupils.

Pressure upon the eyes ; he is unable to open them sufficiently.

Ears :—

Tearing in the concha.

Itching pain deep in the ear.

Aching deep in the ear.

Swelling on the petrous bone, painful when touched.

Pain under the ear.

Tearing pain behind the left ear.

Nose :—

(Itching in the nose, mingled with stitches.)

Bleeding from the nose, early in the morning, when in bed, after which blood is blown out of the nose several times.

Bloody mucus from the nose.

Painful pimples under the nostrils.

Contractive, darting pains to the left side of the nose, over the left eye.

Burning-tensive sensation in the left nostril, as if a pimple would form in that part.

Jaws and Teeth :—

Ulcerative eruption on the lips, not in the corners, painful only when moving them.

Swollen lips.

Lips scaling off.

Rhagades of the lips.

Swelling of the gums.

Drawing pain in the gums.

Drawing pain in the tooth, which is neither increased when eating, nor when touching the tooth.

The teeth feel to him as if they were elongated and raised, also dull.

Pimples on the inner side of the cheeks.

Pimples on the tip of the tongue, with stinging pain when touched.

Burning of the lips.

Pain on the left side of the lower jaw, as if there were a tumor or an ulcer, for three quarters of an hour.

Throat :—

Ptyalism.

Pain, during deglutition, as if the throat were inflamed ; between the acts of deglutition, the pain in the throat was drawing.

Pain in the upper part of the fauces, between the acts of deglutition, as if the parts were sore, and were being spasmodically drawn together, as in waterbrash.

Simple pain in the fauces, only when coughing.

Pain in the velum pendulum palati, as if it were pressed by something hard, or as if it were being pinched, ~~first~~ more between the acts, afterwards more during deglutition.

Spasmodic contraction of the fauces.

Dryness of the mouth.

Darting-tearing pain in the right cervical glands.

Taste and Appetite:—

Feeling of dryness on the forepart of the tongue, without thirst, early in the morning.

Absence of thirst.

Tenacious mucus in the mouth.

Taste in the mouth, as of spoiled water.

Flat, insipid taste, as of clay, (for instance : of the butter.)

Watery, flat taste in the mouth, afterwards heartburn.

Heartburn.

Rising from the stomach only when walking ; every eructation being accompanied by a stitch in the side ; no eructation when sitting, therefore no stitch.

Acrid, sourish taste in the mouth.

Sour taste in the mouth.

The broth tastes sour.

Stomach and Gastric Symptoms:—

Flat sensation in the stomach.

Coldness in the stomach ; sensation, as if cold water were in the stomach, afterwards a sensation as if it were trembling.

Want of appetite.

Want of appetite, although food tastes well to him.

Frequent yawning after a meal.

Desire for coffee.

Inclination to vomit, and spitting, after taking coffee.

Inclination to vomit.

Qualmishness and inclination to vomit, in the pit of the stomach, early in the morning and afternoon.

Pressure in the pit of the stomach, with inclination to vomit.

Fulness and anxiousness in the chest, after a meal ; afterwards sour rising or heartburn, finally thin stool.

Stool and redness of the cheeks, immediately after dinner.

Burning over the pit of the stomach, immediately after a meal.

Burning in the stomach, extending into the mouth, after breakfast.

Aching in the pit of the stomach.

Pain in the pit of the stomach, pinching, boring from within outwards, especially when sitting crooked, continuing for eight minutes.

Abdomen:—

Pain, deep in the abdomen, more burning than stitching, accompanied by cutting in the umbilical region, during motion; especially

when stooping or walking, the pain making one dissatisfied ; inanimate things excite a desire to weep, (men or moral objects do not ;) the ill humor is accompanied by a sort of apprehensiveness and sweat in the face.

Oppressive tension in the abdomen, especially the epigastric region, between the pit of the stomach and the umbilicus, especially increased by motion and accompanied with tension and pressure in the lower part of the back.

Distention of the abdomen, two hours after a meal ; afterwards headache, dartings in the direction of the occiput, and frequent sweat.

Tensive pain from the abdomen towards the chest, as if caused by distention of the abdomen.

Distention and hardness of the abdomen ; she was unable to bear any tight clothing.

Sensation as if the abdomen were distended unto bursting, producing a suffocative arrest of breathing.

Rumbling in the abdomen upwards and downwards.

Grunting in the abdomen, as if from flatulence.

Pinching in the epigastrium.

Pressure under the short ribs and in the pit of the stomach.

Hard pushing, almost stitching pain in a small spot of the left iliac region.

Pressure in various places of the abdomen.

Pinching aching in the abdomen, immediately after a meal with incarceration of flatulence.

Colic, as if from flatulence.

Painful movements of flatulence in the abdomen.

Unusually strong pulsations of the abdominal vessels.

Increased warmth of the intestinal canal.

Pimples rumbling in the abdomen.

A number of flatulences.

Stool:—

COLIC, cutting and writhing around the umbilicus, accompanied by expulsion of a tenacious mucus, sometimes streaked with black blood ; every stool is followed by thirst, and every drink by shuddering.

Drawing and turning about in the abdomen, with or without diarrhoea.

Flatulence is violently pressing out at the abdominal ring, causing pain.

Flatulent colic in the abdomen, followed by small, frequent stools, consisting of mucus, which is sometimes mixed with blood and causes tenesmus.

Mucous diarrhœa with tenesmus.

Diarrhœa immediately, followed by tenesmus, without stool.

Small stools, consisting of mere mucus.

Small stools consisting of bloody mucus.

Tenesmus.

Constipation, as if there were too much heat in the abdomen.

Burning pain in the anus.

Itching of the anus.

Smarting, stinging pain in the anus, during diarrhœa.

Blind hæmorrhoids, varices of the anus, very painful during stool.

Varices of the anus, sometimes itching.

Hæmorrhage from the anus, for four days.

Pressure, with pain, upon the intestines, with desire for stool ; but no evacuation.

After drinking, he has to go to stool, in spite of his constiveness ; he only passes mucus.

As soon as he drinks something, he feels as if he would have diarrhœa ; but he only passes little at a time.

Urinary Organs :—

Tenesmus of the bladder ; frequent, but unsuccessful desire to urinate.

The urine is emitted in drops, as if it were poured over the urethra occasionally, (immediately and for a long time.)

Frequent desire to urinate, mostly when sitting, not when walking.

Burning urine.

Burning, smarting pain in the urethra, after micturition.

Burning in the orifice of the urethra, immediately before, during and after micturition.

Pain in the urethra, especially in the forenoon,

Fine stinging in the orifice of the urethra, immediately after micturition.

Prickings in the anterior portion of the urethra, between the acts of urinating.

Violent stitches in the orifice of the urethra, between the acts of micturition.

Cutting pain in the urethra, between the acts of micturition, from before backwards.

The urethra is painful to the touch.

The urine deposits a white sediment. ^

Spasmodic contraction of the neck of the bladder, with cutting pain, not being exactly a desire to urinate, going and coming, early in the morning, when in bed ; the symptom seems to diminish somewhat, by emitting urine.

Genital Organs :—

Male.—Continual pressing and prickling in the glans, especially morning and evening.

Early in the morning, the scrotum feels cold.

Coldness of the scrotum, and impotence.

Tabes testiculorum ; dwindling of the testes to the size of a bean, extinction of the sexual instinct, emaciation ; falling off of the beard and weakness of sight.

Nightly pollution.

Drawing pain in the spermatic cord, and clawing pain in the testicle, during the emission of urine, and some time afterwards.

Erection, forenoon, afternoon, and evening.

Erection, early in the morning, when in bed, without any amorous thoughts.

Violent erection, early in the morning, when rising, which can only be subdued by cold water.

Excessive trembling of the whole body, when dallying with a female.

Purulent discharge from the urethra.

Fine, itching stinging of the glans, like mosquito bites.

Gonorrhœa (from wearing on the bare abdomen a linen bag, which was filled with the berries of *Capsicum baccatum*.)

The gonorrhœa becomes yellow and thick.

Female.—Pressure in the pit of the stomach, with inclination to vomit, during the menses.

Discharge of foetid mucus from the vagina.

Cold, Catarrh :—

Tingling and itching in the nose, as in dry coryza.

Dry coryza.

Hoarseness.

Mucus in the upper part of the trachea, which has to be thrown off occasionally, by hawking and coughing.

Frequent and short, barking cough.

Dry, frequent, barking cough.

Cough, especially towards evening, (from five to nine o'clock.)

In the evening, after lying down, tingling and tickling in the larynx, and dry, short and hacking cough.

Cough, especially after drinking coffee.

Painful cough.

Pain in the throat, when coughing, as of a simple, painful swelling.

Aching in the throat, only during the coughing fit, as if an ulcer would open.

Headache during cough, as if the skull would break.

Cough excites an inclination to vomit.

Burning tingling in the nose, with violent sneezing and profuse discharge of mucus, (immediately, from the vapour.)

Violent, concussive sneezing, with discharge of thin mucus from the nose, (immediately.)

Rough sensation in the throat, (for two days.)

Tickling sensation in the throat, which brought on several violent sneezings.

Continual stitches in the throat, in the region of the epiglottis, exciting a dry cough, without going off by it.

During the cough, and a little while after, a pressing towards the bladder, and a few stitches in the region of the neck of the bladder, from within outwards.

Coughing fits in the afternoon, exciting an inclination to vomit, and vomiting.

Every coughing fit is accompanied with an aching pain in the ear, as if an ulcer would open.

Drawing pain, when coughing, in the side of the chest, extending up to the neck.

When coughing, pain in the side of the thigh, extending as far as the knee, pressing into the parts deeply.

Coughing or sneezing causes a sudden pain in one or the other limb.

When coughing, the air from the lungs causes a strange, offensive taste in the mouth.

When coughing, a badly smelling breath rushes out of the lungs.

Chest :—

Pain of the ribs and sternum, when taking an inspiration.

Pain of the chest, under the right arm, when touching the place, or raising the arm.

Simple pain in the region of a rib, at a small place, worst when touching the parts, but neither excited by breathing nor by coughing.

When coughing, pain, like stitches, in the side of the chest and the back. *

When taking an inspiration, stitching pain between the scapulæ and in the region of the stomach, and a few single stitches in the side of the abdomen, in the xiphoid cartilage and sternum ; these pains appear to be merely superficial.

When taking an inspiration, while walking, a stitch in the side of the chest ; not when sitting.

Several violent stitches in the region of the heart.

Anxiousness, which obliges him to take deep breath.

Involuntary, violent expiration.

He is frequently obliged to fetch one deep breath ; he imagines this will relieve all his symptoms.

Deep breathing, almost like a sigh.

Pain in the chest, when sitting, as if the chest were too full, and did not contain space enough.

Asthma, even when at rest, with stiff back, feeling sore when bending over, accompanied from time to time by a deep inspiration like a sigh, and by dry cough.

Asthma, sensation of fulness of the chest.

Asthma, apparently coming from the stomach.

The breathing becomes easier from day to day, (curative effect.)

Asthma, with redness of face, eructation, and sensation, as if the chest were extended.

Asthma, when at rest, and in motion.

Orthopnoë.

Pain, as if the chest were constricted ; it oppresses the breathing, and increases, even by the slightest motion.

Pain, as if the chest were pressed upon, when turning the body, or when taking a deep inspiration.

Asthma, when walking.

Throbbing pain in the chest.

Aching pain in that side of the chest upon which she is resting.

Single stitch in the left side of the chest, between the third and fourth ribs, as with a dull pin.

Stitches in the left side, in the region of the fifth and ninth ribs.

Single stitches in the left side of the chest, between the second and third ribs.

Stitches in the left side, arresting breathing.

Stitches in the left side of the chest, when taking an inspiration, between the third and fourth ribs.

Back :—

Pain in the small of the back, drawing, from above downwards, when standing or moving about, with pain as from bruises.

Pain in the back, when stooping.

Drawing pain in the back.

Drawing, aching pain in the back.

Stiffness of the nape of the neck, diminished by motion.

Painful stiffness of the nape of the neck, which is felt only when moving it.

Darting pain in the nape of the neck.

Pain in the external parts of the neck.

Drawing-tearing pain in and by the side of the spinal column.

Suddenly a drawing-stitching pain in the middle of the spinal column.

Feeling of weakness over the whole nape of the neck; as if a load were pressing upon it.

Superior Extremities :—

Sweat under the axilla.

Pain in the shoulder-joint, as if it were sprained.

(Drawing paralytic pain above and below the elbow-joint.)

Fine, stinging pain in the skin of the wrist, (from the vapour.)

Cool sweat in the hands.

Drawing-tearing pains extending from the right clavicle into the whole of the right arm down to the tips of the fingers, for 3 minutes.

Stitches in the left elbow-joint, darting as far as the hand, and accompanied with flushes of heat; afterwards the arm felt as if it had gone to sleep.

Groaning pain in the left lower arm.

Painful, twitching sensation in the left hollow hand.

Contractive pain in the left index finger.

Violent, deep stitches in the ball of the left little fingers.

Inferior Extremities :—

Drawing pain in the hip-joint, (similar to the pain felt in a stiff neck,) increasing by contact and by bending the trunk backwards.

Lancinating pain from the hip-joint down to the feet, especially when coughing.

Pain in the muscles of the thigh, resembling an aching, and as if the parts had been strained.

Tensive pain in the knee.

Straining pain in the calves when walking.

(Pain, as from bruises, in the heel-bone, as if the heel had become bruised and pithy in consequence of a leap; sometimes the pain becomes tearing, in paroxysms.)

Stitches coming out at the tips of the toes.

Pain, as from bruises, in the right thigh, disappearing when walking, but returning when at rest.

Pains as from a sprain, in the right thigh; when stretching the thigh outwards, the pain comes on, and is then very violent, not otherwise.

Convulsive jerking and twitching, now of the thigh, now of the lower arm.

Tearing pain on the inner side of the left thigh.

Drawing-stitching, digging (burrowing) pain in the middle of the posterior surface of the left thigh, going off by motion.

Internal pain in the left leg, composed of drawing and stitches.

Single stitches in the big toe of the right foot, ceasing when stamping with the foot upon the floor.

General Symptoms :—

Superficial, drawing pains in different parts of the joints, in the back, nape of the neck, scapulæ and hands, for many hours ; they are excited by motion.

Cracking of the knee and finger-joints.

In all the joints he experiences a sensation of stiffness and simple pain, greatest when commencing to move about, alleviated by continuing the motion ; accompanied by a catarrh and a discharge of tenacious mucus from the trachea.

Early in the morning, when rising, he feels as if all his joints were broken, a paralytic painful stiffness when commencing to move, especially in the knees and tarsal joints, relieved by continued motion.

After having been lying down, all his joints feel stiff ; early in the morning, when rising, he feels as if all his joints were broken ; the paralytic feeling in the knees and tarsal joints is much more severe when at rest, than when in motion.

All his joints are painful as if they were dislocated, accompanied with a sensation as of being swollen.

Cramp, first in the left arm and afterwards in the whole body ; the arms were stiff, she was unable to straighten them ; the feet likewise were stiff when rising from a seat ; they felt a tingling and as if they had gone to sleep.

Transitory aching pains, at times in one, at times in another part of the body.

Weakness, Fits :—

Lassitude of the limbs, greater when at rest and when sitting.

Great weariness, which however does not invite him to sleep.

In the morning he is more tired than in the evening.

Trembling, weakness of the feet.

Complete depression of strength.

He dreads all kinds of exercise..

Faintness and heaviness of the limbs, followed by trembling of the upper limbs and knees ; the hands felt too weary to write.

Gurgling rapid beating in some of the larger vessels.

Skin :—

Creeping in different parts of the skin, as of a fly.

Sensation over the whole body, as if all the parts of the body would go to sleep. This sensation was speedily relieved by inhaling the vapor of sulphur.

Tingling sensation in the upper and lower limbs, from the foot to the pharynx.

Itching in different parts of the skin, mostly however in the face and nose.

The place itches simply after merely touching it.

Itching in the hairy scalp and of little places all over the body, going off by slightly scratching the parts.

(Red, round spots on the abdomen and thighs.)

A sort of rushing upwards and downwards in the body, with redness of the cheeks.

Corrosive burning of several delicate parts of the body, (lips, mouth, nose, tip of the nose, wings of the nose, eyelids, etc.) (from the vapor.)

Stinging-burning itching of the whole body, greatest on the chest and in the face.

Sleep :—

Sleep full of dreams.

Sad dreams of past things ; when waking he knew not whether he had really had a dream, or not.

Dreams full of contraries.

His sleep is interrupted by screams and startings, as if he fell down from a height.

He snores through the nose when asleep, as if he could not get any air through the nose and his breathing were arrested.

He wakes up several times after midnight, and even later, he is wide awake.

He is wide awake in the night, and is unable to sleep.

Sleep drives away his repugnance to all things and his ill humor.

Almost uninterrupted yawning.

Fever :—

Cool air, and especially a draft of air, is unpleasant to him.

The warmth of the body becomes less and less.

Coldness over the whole body ; the limbs are cold, without any shuddering being experienced.

In proportion as the coldness of the body increases, the low-spiritedness and the contraction of the pupils decrease likewise. (I have seen that coldness increasing for eleven hours, and gradually

disappearing again in the twelve following.)

Shuddering and shaking chills after drinking.

Excessive chilliness, in the evening, after lying down, followed by coryza.

Chilliness, in the evening.

He feels chilly when lifting the cover of the bed ever so little,

When walking in the open air, sensation in the thighs, as if they were covered with cold sweat, (as when cold air comes in contact with a part in a state of perspiration;) nevertheless the thighs did not sweat.

He trembles and shudders.

Shuddering and chilliness in the back, in the evening, followed by slight sweat, but neither heat nor thirst.

(Feverish shuddering, in the evening, with thirst, (without heat or yawning and stretching,) with great weakness, short breath, drowsiness and ill-humor; at the least motion he experiences a shuddering, without feeling cold either to himself or to the touch—nevertheless he did not feel too warm, even in a hot room.)

Chilliness and coldness the first night; in the night following, she sweats all over the body.

Sweats all over the body, early in the morning.

General heat and sweat, without thirst, for some hours; then, shuddering, at six o'clock in the evening, with shaking and chattering of teeth—he felt thirsty and cold all over the body, with anxiousness, restlessness, inability to recollect things, and intolerance of nose;—next evening, at seven o'clock, the same shuddering, chills, with shaking and coldness, with thirst.

Heat, at the same time shuddering, with thirst for water.

Heat in the face and redness, with tremor of the limbs (immediately.)

Glowing cheeks, after dinner, with cold hands and feet, without shuddering—returning two successive days at the same time.

Red cheeks.

The face is alternately pale and red, together with the lobules, with a burning sensation, without any particular heat being felt when touching the parts.

(Burning of the hands, and cheeks, the latter being swollen.)

Hot ears, and hot, red tip of the nose, towards evening.

(Internal heat, with cold sweat on the forehead.)

Heat of the hands, but not of the other parts of the body.

Coldness of the feet, as far as above the ankles, they cannot be got warmth, in the morning.

[Peculiarities :—

Remission during day and before midnight.

Worse during rest.

„ in bed.

„ after lying down.

„ while lying, sitting, standing.

„ while lying on left side and from pressure.

Better during continued motion

„ when walking out-doors.

„ when stepping heavily.

„ after rising from seat.

„ when lying on right side.

„ while eating ; worse afterwards.

N. B. Capsicum lacks the sensation of numbness in suffering parts; on the other hand Caps. very rarely has the over-sensitiveness to pain of Pulsatilla and Nux Vomica.

More applicable to the phlegmatic temperament—to obesity.

First sweat, then heat.

Thirst predominant, but not constant ; is wanting during sweat.

Home sickness with redness of cheeks and sleepiness.—Gross's *Comp. Mat. Med.* by Hering.]

25.—CARBO ANIMALIS.

Chem Comp: Not ascertained, but ought to be. As prepared according to Hahnemann's directions, the Carbo Animalis is certainly not pure carbon. The composition must vary according to the animal, and also according to the particular part of the animal, from which it is prepared. Hence we ought to prepare it from the same part of the same animal, and it is best to adhere to Hahnemann's direction, in order that we may expect uniform results. According to Noack and Trinks Carbo animalis prepared from veal, beef or mutton is preferable to that prepared from ox leather, as directed by Hahnemann. But as Carbo Animalis prepared from ox leather has only been proved, we cannot use any other in practice.

Old School Uses: The Carbo Animalis of the Old School is invariably prepared from bone.

"Its principal uses are, to decolorize various organic matters, as strychnia, cinchonia, &c., to purify syrups, and to remove from spirit prepared from grain, its grain or fusel oil. It has likewise been highly extolled as an internal remedy, in doses of half a grain to three grains, twice a day, in scrofulous and cancerous affections, goitre, obstinate chronic glandular indurations, &c. Like vegetable charcoal, it destroys the odor of putrid animal matter. Dr. A. B. Garrod, in a paper read before the Medical Society of London, Nov. 17th, 1846, recommends purified Animal Charcoal in cases of poisoning by opium, strychnia, aconite, belladonna, stramonium, tobacco, hemlock, arsenic, &c. First remove as much of the poison by means of the stomach pump, or emetics combined with the antidote, and then give a large quantity of Animal Charcoal diffused in warm water; a vegetable emetic must not be used, as the charcoal would destroy its emetic property. He considers this agent equal, if not superior, to the hydrated sesqui-oxide of iron, as an antidote to arsenious acid."—King: *American Dispensatory*.

Concordances.

Moral and intellectual faculties.—Alum. aur. bell. coff. crocc. ferr. graph. ignat. mezer. mosch. NATR. op. petr. phosph. plat. seneg. sep. sil. spig. stram. sulph. sulph-ac. thuj. veratr. zinc.

Seat of the diseases.—Alum. amm. ant-crud. aur. bar. bell. bry. CALC. CARB-VEG. CAUST. chel. chin. con. cycl. graph. ignat. kali. lyc. magn-mur. MERC. natr. natr-mur. nitr-ac. N-VOM. op. petr. phosph. plumb. puls. rhus. ruta. sabad. SEP. SIL. staph. SULPH. sulph-ac. thuj. veratr. verb.

Morbid states and sensations.—Amin. ars. asaf. bar. BELL. bry. calc. carb. crocc. crost. cham. chin. crocc. coloc. GRAPH. hep. ignat. KALI. LYC. magn-

mur. merc. mur-ac. natr. *natr-mur.* nitr-ac. n-vom. oleand. op. petr. *phosph.* plat. PULS. RHUS. ruta. *sabin.* SEP. *sil.* stann. *staph.* stront. SULPH. thuj. zinc.

Glands.—Arn. BELL. bry. con. graph. hep. jod. lach. *lyc.* MERC. *phosph.* PULS. SIL. *sulph.* thuj.

Bones.—Asaf. cocc. ruta.

Skin.—Ant-crud. arn. ARS. bell. bry. carb-veg. caust. clem. con. dulc. graph. hep. LACH. *lyc.* merc. nitr-ac. PHOSPH. puls. ran-bulb. *rhus.* sep. SIL. *staph.* SULPH. thuj.

Sleep and dreams.—Ars. CALC. chin. graph. hep. ignat. KALI. lach. *lyc.* merc. n-vom. *phosph.* puls. ran-bulb. *rhus.* SEP. *sil.* SULPH.

Pyrosis.—Ant-tart. ars. bry. calc. GRAPH. hep. kali. LYC. natr-mur. n-vom. *phosph.* *rhus.* SEP. *sulph.*

Time.—Arn. ars. colch. ferr. *magn.* mang. merc. nitr. nitr-ac. stront.

Exacerbations.—Amm. amm-mur. anac. arn. ars. bell. BRY. CALC. CARB-VEG. chin. cocc. con. graph. hep. ignat. KALI. led. LYC. merc. natr-mur. nitr-ac. n-vom. PHOSPH. PULS. *rhus.* selen. sep. *sil.* spig. stann. stront. SULPH.

Concordances in general.—Alum. amm. arn. ars. asaf. bell. bry. calc. carb-veg. caust. chin. cocc. con. ferr. GRAPH. hep. ignat. kali. lach. LYC. MERC. natr. natr-mur. nitr-ac. n-vom. op. petr. PHOSPH. plat. PULS. *rhus.* ruta. SEP. SIL. *staph.* stront. SULPH. thuj. zinc.

Antidotes.—Ars. camph. n-vom. vinum.

Hahnemann's Preface.

To prepare this agent, you place a piece of thick ox-leather between red-hot coal and cause it to burn until the last little flame has become extinguished ; afterwards this red-hot leather is suddenly cooled between two flat stones ; otherwise it would continue to glimmer in the open air and the greatest part of the carbo would become destroyed.

Although there is a great similarity between the symptoms of animal and vegetable Carbo, yet the former possesses such a vast number of original and perfectly characteristic symptoms that I have deemed it proper and useful to subjoin them here.

Animal carbo is exhibited in the thirtieth potency, one or two globules being sufficient at a dose. Camphora has been used as an antidote, and relieves the painful effects which animal Carbo produces in highly irritable persons.

When this remedy was indicated, the following symptoms have been most readily relieved : frightfulness ; vertigo in the morning ; pressure in the whole of the brain ; pressure on the head, after a meal ; eruptions on the head ; humming in the ears ; discharge from the ears ; erysipelas in the face ; stitches in the cheek-bones, the lower jaw and teeth ; drawing pain in the gums ; bleeding of the gums ; pustules on the gums ; dryness of the palate and tongue ; bitter taste in the mouth ; suppressed eructations attended with pain ; sour eructations ; hiccough after a meal ; a fainting sort of qualmishness ; nausea at night ; weakness of

digestion in the stomach, the patient being incommoded almost by every thing he takes ; persure in the stomach as from a load ; sudden clutching and griping in the stomach ; pressure and cutting in the region of the liver ; rumbling in the abdomen ; incarceration of flatus ; frequent stool by day ; stitches in the anus ; fetid smell of the urine ; leucorrhœa ; burning and acrid leucorrhœa ; obstruction of the nose ; dry coryza ; painful induration of a gland in the chest ; burning in the back ; induration of some of the cervical glands, accompanied by pain and stitches ; herpes under the axilla ; arthritic stiffness of the joints of the fingers ; pain in the hips, occasioning limping ; drawing and stitches in the legs ; sensitiveness to open air ; straining a part easily by lifting ; chilblains ; sweat when walking in the open air ; exhausting sweats, especially on the thighs ; morning sweats.

This drug has been proved by Drs. S. Hahnemann ; Adams, in Russia ; Whale, Hartlaub and Trinks.

Pathogenetic Symptoms.

Mind :—

Extremely melancholy mood, with a feeling as of being abandoned.

Early in the morning he feels as abandoned ; he is home-sick.

Home-sickness.

Great disposition to feel sad.

Low-spirited and sad ; she feels so lonely and sad that she would like to weep.

She is sad and taciturn, and wants to be alone ; she avoids every conversation.

Sullen mood which it is impossible to change ; one feels so much irritated on account of both present and past events that one would like to weep.

Whining mood.

He is unable to put an end to his weeping.

On waking up in the morning one feels melancholy and anxious.

Anxious and desponding, especially in the evening and at night ; she is so full of internal anguish that she is unable to sleep ; in the morning she feels the most easy.

Anguish causes him to move incessantly from one side of the chair to the other.

Uneasiness and hurriedness.

Shy and timid.

Timid and easily frightened, the whole day.

In the morning he feels horrified, even unto shuddering and weep-

Thoughts of death.

Hopelessness.

Desponding mood, day and night.

Peevish : she talks reluctantly.

Peevish in the morning, when waking up.

Great disposition to feel vexed.

Is easily offended.

Angry and full of wrath.

Obstinate ; he is pleased with nothing that is done.

Indifferent, in the beginning ; afterwards one is easily moved by passion.

At times whining, at times foolishly merry mood.

Excessively merry.

Involuntary whistling in a fit of mirth.

Weakness of memory ; he forgets the word which he is about to utter.

He is unable to write a letter or to express his thoughts.

He imagines that the objects in the street are changed, for instance, that they are wider apart and lighter than usually, as if the city were empty and desolate.

Sensorium:—

Gloominess in the head, early in the morning ; she is vexed with every thing that she looks at.

Dizziness in the head, and drowsiness as if one had not slept enough.

In the morning his head is confused ; he knows not whether he has been sleeping or waking.

In the morning one feels stupefied, as if one had a confused dream.

Great stupefaction when sitting at the table, with light-headedness and anxious apprehension of falling down every moment without any consciousness.

Sudden stupefaction in repeated attacks ; he heard nothing, saw nothing, and his ideas had disappeared.

Sudden stupefaction when moving the head or walking.

Vertigo, such as is experienced when moving the head to and fro.

Vertigo when sitting on a chair, as if she would fall backwards, attended with a feeling of dulness.

Vertigo when walking, with mist before the eyes ; she felt an urgent desire to walk fast and to the right side.

Vertigo, the eyes seeing black.

Feeling of giddiness in the head as if he would be attacked with qualms of sickness, accompanied by a watery mist which suddenly appears before his eyes ; this symptom occurs twice.

Vertigo with nausea, when raising the head after stooping.

Vertigo, towards seven o'clock in the evening ; when raising her head, every thing turned with her ; she was constantly obliged to sit crooked ; when rising she reeled to and fro ; at the same time her head felt dark inside and she imagined that all objects were moving ; when lying in her bed she felt no unpleasant symptoms the whole night ; they returned in the morning after rising.

Head :—

Sensation in the forehead as if something heavy were pressing upon it, or as if a board were placed in front of it ; a sensation resembling that which is experienced when coming out of a very cold air and placing one's-self suddenly before a warm stove.

Headache in the morning, when waking up, as if one had been intoxicated with wine.

Heaviness of the head.

Heaviness of the head, in the morning, with dim-sightedness and watery eyes.

Heaviness in the head at night, attended with lassitude of the feet, which she is scarcely able to raise.

Heaviness in the forehead when stooping, with a sensation as if the brain would fall forward ; when raising her head, she was attacked with vertigo, and came near falling.

Painful feeling of heaviness in the whole occiput.

Heaviness of the head, especially the occiput and the left side, with obtusion of the head.

Pain in the top of the head, the place feeling sore externally ; when stooping the pain affects the forehead, leaving the occiput.

Headache, pressing down the eye-brows.

Stupefying pain in the forehead, when spinning ; it passes off after eating.

Pressure and sense of obtusion in the whole of the head, after dinner, and continuing until evening.

Pressure and sense of weight in the occiput ; afterwards the symptom leaves the occiput and settles in the top of the head ; it is felt less in the open air, (during the menses.)

Frequently intermitting pressure in the left side of the occiput, both when at rest and in motion.

Aching in the occiput.

Aching in a small spot of the occiput.

Aching in the nape of the neck, when writing.

Dull pressure on a small spot in both parietal bones, near the vertex, for several hours every day, especially in the forenoon ; the

pressure is incessant ; it is principally excited by the vapor of unclean clothes, and is relieved by the open air.

Aching in both temples.

Tightness in the head, every day.

Pinching pain in the lower part of the temple.

Pain in the vertex, as if the skull had been blown to pieces or were opened ; she is obliged to hold her head lest it should fall to pieces ; also at night, and especially in wet weather.

Jerking tearings, to and fro, in the left side of the occiput, in the evening.

Tearing on the right side of the head.

Frequent tearing in the right side of the head, by day.

Violent tearing in the external parts of the head.

Tearing and throbbing in the whole of the head, in the orbits, the ear, the left side of the face, the cheek-bones, and lower jaw ; it begins immediately after a meal and is mitigated by pressing upon the parts with the hand ; it suddenly ceased when the cheek began to swell.

Painful tearing and stitches in the right side of the occiput, both when at rest and in motion, in the evening.

Pain over and in the root of the nose, as if the parts were bruised ; the pain is felt whether the parts are touched or not.

Boring pain in the temporal bone, extending as far as the zygoma.

Boring and drawing pains about the head, accompanied by tearings ; the pains increase when the head becomes cool, especially in the direction of the ear.

Stitches in the head, especially in the temples.

Sharp stitches in the vertex as with something pointed, in the evening.

Stiches in the temple, accompanied by a painful drawing together or straining.

Pecking sort of a pain in the left side of the forehead, early in the morning after rising, relieved in the open air.

Stitches and throbbing in the occiput.

Intolerably beating and lancinating pain in the vertex, as if the head would burst ; when walking.

Congestion of blood to the head, with obtusion of the head.

Feeling of heat and heaviness in the forehead, which, however, felt cold in the outside, in the forenoon.

Heat in the head, with anguish, in the evening when in bed ; she had to rise ; then she felt better.

Feeling as if the brain were loose, during motion, attended with pain.

Sense as of splashing in the left half of the brain, when walking fast.

Scalp :—

The left outside of the head is painful, as if there were subcutaneous ulceration.

Pain about the head and neck, at night, as if both these parts had gone to sleep and had been sprained.

Whatever he had on his head felt like a pressure ; even the neck-cloth inconvenienced him.

Tightness of the skin on the forehead and the vertex ; it was involuntarily drawn upwards, with a sensation of impatience and anxiety.

Drawing in the forehead, above the eye-brows.

Sensation in the forehead, as if something were lying above the eyes preventing her from looking up.

Violent itching in the hairy scalp ; she would like to scratch until she bleeds ; scratching, however, does not relieve the itching.

Hard tumour on the forehead.

Falling off of the hair.

Eyes :—

Painful pressure in the eyes, in the evening, when the lamps are lighted.

Pressure in the internal canthus of the eye.

Stitches attended with painful pressure from above downwards, over the left eye, in the eye-lid and the upper half of the eye-ball.

Stitches in the eyes.

Stitches, burning and moistening of the eyes, with previous itching and rubbing of the same.

Stinging and smarting in the left inner canthus, in the morning after rising, relieved by rubbing.

Itching in the upper eye-lid, which passes off by scratching.

Smarting and itching in the eyes, with burning after previous rubbing.

Itching and pressure in the eyes, by day.

Smarting and burning in the external canthus.

Weakness in the eyes.

Great weakness in the eyes, in the evening ; she was unable to exert her eyes.

Winking of the upper eye-lid.

Winking (slight and repeated twitchings) of the right eye, with a feeling as if a body were moving in the eyes, which blinds her, the upper eye-lid being drawn down; the symptom passes off after rubbing, but then returns again, leaving behind it a sensitiveness of the upper margin of the orbit when touched.

Disagreeable feeling in the left eye as if something had got in which hinders sight; he is continually obliged to wipe the eye; the pupil is extremely dilated with great far-sightedness which unables him to discern any thing near him with clearness.

Agglutination of the left eye, the whole forenoon.

Running of the eyes, when rising in the morning.

Dimness before the eyes, as if she saw through a mist.

The eyes appeared to be loose in their sockets; he felt as though the greatest effort would be insufficient to enable him to use them for the purpose of discerning any thing clearly; this makes him solicitous.

The eyes are continually dim, the whole day.

Sense as of nets floating before the eyes.

By candle-light he sees symmetrical lines of small, black and yellow points.

Light hurts the eyes.

Ears:—

Cramp in the ears, extending as far as the œsophagus, on the left side, rendering deglutition difficult.

Cramp-pain in the interior of the left ear.

Drawing in the ear.

Drawing in the external ear and the left cheek-bone.

Tearing in the right lobule of the ear, and boring in the ear.

Shooting in the left ear.

Stitches in the ears.

Burning in the right lobule, like fire.

A kind of swelling of the periosteum behind the right ear, with stitches in the swollen parts beginning at seven o'clock every evening.

Swelling of the right parotid gland.

Swelling of the parotid glands.

The hearing is weak and dull.

Weak, confused hearing; the sounds appear confused, he could not tell from which side they came; he imagined that they came from another world.

Tingling in the ears the whole night.

Tingling in the right ear, when walking in the open air.

Whistling in the ears when blowing the nose.

Nose:—

Fine tearing in the side of the nose.

Itching of the tip of the nose, which cannot be relieved by scratching.

The tip of the nose becomes red and painful when touched.

The tip of the nose is red, chapped, burning, and affected with a painful tightness, (during the menses.)

Redness and swelling of the nose; it feels sore inside.

Swelling of the nose and the mouth.

Swelling of the nose, with pimples inside and outside, forming scurfs which last a good while.

The skin on the tip of the nose becomes dry and peels off.

Vesicles near the right nostril.

Boil in the nostril, with a feeling of tightness.

Blood frequently comes out of the nose when blowing it.

Bleeding at the nose, in the morning when sitting, and in the afternoon.

Bleeding at the nose, in the morning, several mornings in succession, with previous vertigo.

Bleeding at the nose, filling whole cups with bright-red blood.

Bleeding at the nose, succeeding a pressure and feeling of dulness in the head.

Face:—

The skin of the face is painful, especially on the cheeks, around the mouth and the chin, (after shaving.)

Frequent tearing, at times in the upper, at times in the lower jaw of the right side of the face.

Shootings in the left zygoma, towards the temple.

Heat in the face and head, in the afternoon.

Frequent attacks of flying heat in the cheeks, with redness.

Frequent flushes of heat, with redness and burning of the cheeks, in the evening.

Small pustules on the left cheek and forehead.

Eruption upon the cheeks, like red spots.

Yellowness of the face.

Copper-coloured eruption in the face.

Numerous pimples in the face, without any sensation.

Jaws and Teeth:—

Swelling of the mouth.

One corner of the mouth is ulcerated, with a burning pain.

Dryness of the lips, as if they were too hot, early in the morning.

The lips are chapped.

Bleeding of the lips.

Vesicles on the lips.

A small red pimple on the chin with a yellow tip.

The dental nerves feel painful when touching the crowns of the teeth.

Drawing in the teeth, with flying heat in the face.

Continual drawing in the left molar tooth, especially in the afternoon.

Drawing in a left molar tooth of the lower jaw, at night, every time she wakes up.

Drawing, to and fro, in the teeth, also the foreteeth.

Drawing and stitching pains in the nerves of the molar teeth, coming on all of a sudden while eating bread.

Tearing tooth-ache especially in the hollow teeth, also at night, interrupting sleep.

Painful gripping in the teeth of the left side, increased in the open air.

Grumbling in the teeth, when touching them, worse in the evening.

Pinching tooth-ache, excited by cold drink; afterwards the teeth vacillate.

The hollow tooth is sensitive and feels as if it were standing out; it is painful when biting, and still more so in the evening when in bed, with a quantity of saliva in the mouth.

The upper and lower teeth are too long; they vacillate.

The teeth of the right upper row feel as if they were too long and loose, without any pain, for several days.

Great looseness of the teeth; she is unable to chew the softest food without feeling pain.

Looseness of the teeth, with tearing in the same, which is the most violent in the evening when in bed.

Looseness of the lower tooth, with pain in the gums.

The gums are pale and painful, as if they were ulcerated.

The gums are red and swollen, and very painful.

Mouth:—

Vesicles in the mouth which cause a sense as of burning.

She frequently wounds the inside of her cheek by biting it.

Burning in the tip of the tongue, as if it were sore.

Burning of the tip of the tongue and roughness in the mouth.

Small vesicles on the edges of the tongue.

Vesicles on the tongue, which are painful as if they were burns.

Mouth and tongue are immovable, the speech being difficult, drawling and very low.

Pharynx and Œsophagus:—

Sore throat as if it were ulcerated, when swallowing.

Pain in the throat, when swallowing, as if there were a blister.

Scraping in the throat, attended with ptialism.

Scraping and stinging in the fauces.

Sense of rawness in the whole of the pharynx and the œsophagus, down to the scrobiculus cordis, not aggravated by swallowing.

Soreness and the burning, like heart-burn, in the throat, extending down to the stomach, worse towards evening, at night, and in the morning; relieved after rising and after a meal.

Roughness in the throat almost every morning, passing off after breakfast.

Sense as of burning in the throat.

Pressure in the throat, when swallowing.

Pressure in the œsophagus extending as far as the stomach.

Pressure in the throat and dryness upon the tongue.

Sense as of something suffocating and pressing, ascending in the œsophagus as far as the throat attended with a feeling of roughness.

Dryness in the throat and mouth, without any thirst, almost the whole day.

Mucus in the mouth, in the morning; it passes off after rising.

Phlegm in the throat, in the morning on waking up; this obliges her to keep clearing the throat for a long while; the symptom passes off at noon.

A good deal of phlegm in the throat, attended with frequent blowing of the nose and hawking.

Foamy sputa.

Taste and Appetite:—

Bad smell from the mouth.

Badly smelling breath, without his perceiving it.

Taste of manure in the mouth, in the morning.

Bitter taste every morning.

Occasional bitterness in the mouth, also early in the morning.

Bitter taste in the mouth, in the morning; it passes off after rising.

Bitter and putrid taste in the mouth.

Bitter-sour taste in the mouth.

Sour taste in the mouth.

Silly and sour taste in the mouth, in the morning, after waking up.

Repugnant taste in the mouth, early in the morning.

Thirst, early in the morning ; this is quite unusual.

Great thirst, especially for cold water, attended with dryness and heat in the throat.

Little appetite ; the appetite comes on after dinner.

The appetite quickly passes off when eating.

No appetite ; she is indifferent to every thing ; hunger, but the dish does not satisfy her taste.

Repugnance to cold drink.

Repugnance to grease.

Fat meat spoils his appetite.

Appetite for raw sourcruit ; without any appetite for any thing else.

Desire for sour and refreshing things.

Increased appetite.

Violent hunger in the morning.

Ravenous hunger.

Two hours after a copious dinner one feels again hungry ; again hungry towards evening ; afterwards thirsty.

Gastric Symptoms :—

Smoking produces nausea and repugnance to tobacco.

Eating meat is followed by long-lasting nausea and inclination to vomit, attended with a quantity of empty eructations.

Internal chilliness when commencing the meal.

When eating, the chest and organs of mastication soon feel tired.

A good deal of heat and sweat in the face during dinner.

Sweat during a meal.

Eating makes him feel tired.

Anguish in the chest after a meal.

Feeling of fulness in the stomach, after eating but little, the appetite being good.

Pressure in the stomach after eating.

Considerable inflation after a moderate meal.

Boring in the right side of the abdomen immediately after a meal.

Asthma shortly after a meal.

Impatience (anxiety) in the back, without pain, shortly after a meal.

Palpitation of the heart after breakfast and after any other meal.

Dinner causes all the forenoon symptoms to disappear.

Frequent eructations.

A quantity of eructations from the stomach.

Frequent, empty eructations which finally become gulplings.

Empty eructations after every meal.

Eructations tasting of the food which had been taken a long time previous.

Eructations tasting of putrid fish.

Putrid eructations almost continually.

A sobbing kind of eructations during dinner.

Sourish taste in the pharynx, not in the mouth.

Burning (heart-burn) coming out of the stomach.

Acrid heart-burn.

Qualmishness in the abdomen, towards evening, with heat rising from that part.

Nausea, when sitting down after having walked a good deal.

Nausea and inclination to vomit, which is felt in the stomach, in the morning, after rising, with heat, anguish and rising of sourish water into the mouth, accompanied by general lassitude.

Inclination to water-brash, with nausea in the stomach, at night.

Water-brash, saltish water coming out of the stomach and running out of the mouth, accompanied by retching and spasmodic feeling in the jaws; this is succeeded by violent empty eructations and cold feet, and lastly by hiccough for half an hour.

Stomach:—

Pressure in the stomach, even in the morning.

Violent pressure in the stomach, in the evening after lying down; in order to obtain relief she had to press with her hand on the region of the stomach.

Pressure in the stomach, with heaviness and fulness, attended with inclination to water-brash.

Sudden and short aching in the pit of the stomach, when taking a deep inspiration.

Contracting spasm of the stomach.

Feeling in the *scrobiculus cordis* as if it were bruised, such as is felt after a violent cough.

Frequent stitches in the stomach.

Pricking on the right side near the *scrobiculus cordis*; also during an inspiration, relieved when walking.

Tearing stitch extending from the pit of the stomach into the chest, when raising the head after stooping.

Boring pain in the stomach, as if brought on by long fasting in the morning; the pain extends towards the abdomen.

Bubbling in the stomach.

Audible rumbling in the stomach, in the morning, when waking up.

Pressure in the liver, even when lying down.

Violent aching in the liver, almost like cutting ; the region of the liver is painful externally, when touched, as if it were sore.

Stitching ache below the left ribs.

Aching in the left side of the abdomen.

Pain in the region of the kidneys, when walking.

Repeated stitch-like pecking in the region of the kidneys.

Weight as of a lump in the abdomen, for several days ; it is even felt before breakfast.

Considerable distension of the abdomen.

Constant distension of the abdomen.

Bloated condition of the abdomen in different places, like hernia.

Painful tightness in the abdomen ; the parts below the ribs feel sore as if there were subcutaneous ulceration.

Pain in the abdomen as from subcutaneous ulceration.

Sense of constriction in the abdomen before breakfast, with a feeling of emptiness, without either hunger or appetite.

Pinching constriction in the hypogastrium.

Gripping and uneasiness (impatience) in the abdomen.

Gripping in the region of the umbilicus.

Pinching in the abdomen, around the umbilicus, with a sensation as if the bowels would be moved.

Pinching in the right side of the epigastrium, with stitches ; when sitting, stitch-like pinching in the epigastrium every morning, mostly when in bed.

Stitch-like pinching above the umbilicus, and in the pit of the stomach, every morning when in bed, as if flatus had become accumulated ; the pain is relieved by the emission of flatulence, by stool and micturition ; it even goes off of itself, and is scarcely perceptible the moment he begins to walk.

Alternate cutting and stitches in the abdomen, very painful, every day, frequently returning in the course of the day.

Colic in the forenoon.

Short cutting, deep in the hypogastrium.

Violent cutting in the abdomen, with frequent desire for stool and even tenesmus, without any thing but wind being passed ; from morning till noon.

Grinding and writhing pain in the epigastrium.

Heat about the abdomen.

Burning in the abdomen, when walking.

Colic, as if diarrhoea would come on.

Painful feeling on the right side of the abdomen, as if something

would squeeze through.

Bearing down in the groins, sometimes like the burning in strangury.

Feeling in the left groin, when sitting down, as if a large, heavy body were lying there; this symptom is relieved by the emission of flatulence when pressing upon the parts.

Cutting in the right groin, when sitting; relieved when walking and breathing deeply.

Stitches in the groins, also at night, disturbing her sleep and waking her up.

The abdomen becomess distended, and feels sore when walking, moving, or touching the parts.

Motion of flatulence, with a sensation as if something were stirring about in the abdomen; the parts feel as if they were torn and bruised by knocks.

Suffers much from flatulence.

Motion of flatulence in a distended abdomen, with omission of badly smelling wind.

Audible rumbling, as of accumulated flatulence which finds no

Audible rumbling in the abdomen.

Audible rumbling and grunting in the large intestines, ascending as high as behind the stomach and then descending again.

Rumbling and grunting in the right iliac region, brought on by drinking warm milk, at times in the upper, at times in the lower part of the abdomen, with unsuccessful desire for emission of flatulence.

Grunting in the rectum.

Fermentation in the bowels.

Gurgling and fermenting in the abdomen.

Stool :—

Frequent emission of fetid flatulence, when walking, after supper.

Frequent emission of fetid flatulence, in the forenoon.

Motion in the bowels with unsuccessful desire for stool.

Frequent tenesmus; only flatulence is emitted, and then the tenesmus returns.

Frequent, but unsuccessful desire for stool in the lower part of the rectum.

Tenesmus; a little stool is passed, although with much difficulty.

Violent tenesmus; the stool is passed with much difficulty, it is hard, and streaked with blood.

Stool scanty and light colored, (first day.) *

Stool scanty and delaying, for several days.

Stool scanty, hard, and in small pieces, after 24 hours.

Stool hard, in small pieces; she had to make great efforts in order to pass it, as if the abdominal muscles had been inactive; accompanied by arrest (interception) of breathing, in the evening.

Stool very hard, after previous shuddering about the head, as if cold water had been poured upon it.

The first part of the stool is too hard, and is passed with difficulty, with a sensation, as if it were too little, and as if something else would come out which the rectum is too weak to expel.

Four evacuations on the third day, each of which is preceded by colic.

Stool first hard, then soft, preceded by burning in the rectum.

Stool at night, after midnight.

Soft stool with mucus looking like coagulated albumen.

Soft stool, after previous bearing down near the ossa pubis.

Soft, green stool, preceded and accompanied by colic.

Liquid stool, followed by tenesmus.

Diarrhoea, after pinching in the abdomen, with burning at the rectum.

Stool is preceded by a drawing from the anus through the pudendum.

Stool is accompanied by tearing extending from the pudendum upwards through the body.

Pricking in the anus during stool.

Violent cutting in the varices of the rectum during stool.

Discharge of blood with the stool

Painful stitches in the groins, during hard stool, as if caused by flatulence.

Pain in the small of the back during stool, with inflation of the abdomen extending as high up as the chest.

A piece of tænia is passed with the hard stool.

Violent titillation in the rectum after stool.

The second stool, which takes place on the same day, is followed by great weakness and pain in the intestines, as if they were screwed together.

Shuddering, after stool, (in the evening.)

Stool is followed by a desire for micturition, (the urine smelling very badly;) afterwards lassitude and sleepiness early in the evening, without being able to fall asleep after lying down; she started up

again from an incipient slumber, had tingling in the ears, as if she would faint away, and was then seized with chills.

The varices become considerably distended with a burning pain when walking.

Appearance of large varices of the rectum, with a burning pain.

Violent burning in the rectum, in the evening.

Burning in the rectum.

Painful contraction of the rectum.

Stitches in the rectum which is sore.

Soreness of the rectum, with oozing of humour; the whole evening.

Boil at the anus.

A viscid, inodorous humour oozes out of the rectum.

A quantity of viscid, inodorous humour oozes out of the perinæum behind the scrotum.

When riding, the nates easily become sore; after this, large blisters make their appearance.

Clawing and grinding pain in the perinæum.

Cutting drawing extending from the anus through the os coccygis, between the stools.

Tearing, transversely across the ossa pubis, and then through the pudendum, as far as the anus.

Urinary Organs.—

Single jerks from the os coccygis towards the bladder; they compel her to urinate.

Tenesmus of the bladder, at night.

Sudden desire for emission of urine.

Excessive desire for emission of urine; she frequently had to be in the greatest hurry when desiring to urinate; after urinating she felt a voluptuous sort of tickling in the urinary passage.

When pressing slightly, the urine goes off almost against his will.

Increased emission of urine.

She frequently emits urine without having taken much drink.

Copious emission of urine, in the morning after waking.

Considerable emission of urine; in the night he had to rise three times for the purpose of urinating.

Increased emission of urine; at night she urinates frequently; she emits more urine than she had taken drink.

Copious emission of urine, after the nightly heat had passed off.

Turbid, orange-coloured urine.

The urine which is turbid when being emitted, soon deposits a turbid sediment.

Yellow urine, soon depositing a loose sediment, (first day.)

Decreased urine.

Interruption of the stream.

Scanty urine.

Hot urine and in small quantity, at night; it caused a burning sensation when being emitted.

Burning in the urethra when urinating.

Burning soreness in the urethra during the emission of the urine.

Burning in the urethra after the emission of urine.

Genital Organs.—

Male.—Itching over the genital organs.

Stitches on both sides of the scrotum.

The sexual desire is wanting, even when it ought to be excited, (for a long time.)

Entire laxness of the genital organs, attending with a feeling of weakness in those organs.

The usual morning-erection is wanting.

Polution, at 4 o'clock in the afternoon.

Polution, after a long intermission, with voluptuous dreams, but without erection.

Frequent polutions, (first days.)

Copious polutions three nights in succession; he had not had any for years past.

Spasmodic pain along the urethra, especially the membranous portion; after a polution, in the morning, when waking up.

Mental and physical exhaustion after a polution, attended with anxiety, as if some accident would befall him.

Female.—Menses 4 days too soon, with headache previous to their appearance.

Scanty menses the first day, more profuse on the second, and the blood is more dark coloured.

Menses 4 days too soon, with pain in the small of the back and the groins.

The menses are more abundant than usually.

The menses are not copious, but they last longer than usually, and only flow in the morning.

The menses are shorter than usually, and delay 5 days.

Anxious heat previous to the appearance of the menses.

Great depression in the thighs, before and during the menses.

Violent pressing in the groins, the small of the back, and the thighs during the menses, attended with unsuccessful inclination to eructations, chilliness and yawning.

Bloated abdomen, during the menses.

After the appearance of the menses she feels so tired that she is scarcely able to speak, accompanied by yawning and stretching.

Leucorrhœa, (burning, biting.)

Leucorrhœa, tinging the linen yellow.

Watery leucorrhœa, when walking or standing.

(The lochia are too thin and smell badly.)

Cold, Catarrh:—

Sensation in the nose, as in the beginning of a cold, after a meal; increasing in the evening.

Dry coryza; he is unable to breathe through the nose.

Dry coryza, in the forenoon, and lasting until evening.

Dry coryza in the morning when waking up; it goes off after rising.

Obstruction of the left nostril in the forenoon.

Fluent coryza, with loss of smell, yawning and much sneezing.

Fluent coryza, a quantity of watery mucus flowing out of the nose.

Excessive, fluent coryza, in the evening, lasting some hours.

Dry coryza, with frequent discharge of mucus from the nose.

Coryza, catarrh and roughness in the throat, especially in the evening and at night, principally during deglutition.

Feeling as if one had a cold, with rough throat.

Pain in the larynx, as after much coughing.

Hoarseness, worse in the evening.

Roughness and hoarseness in the throat, in the morning, after rising accompanied by dry cough.

Hoarseness in the day, succeeded by aphony at night; on waking up she is affected with cold, swelling of the pit of the stomach, violent cough, difficult expectoration, arrest of breath, and sweat as from anguish; she was scarcely able to breathe.

Tickling in the larynx, with cough, less after a meal.

Irritation inducing cough, attended with constriction of the throat and spasm of the chest.

Cough, brought on by tickling in the throat.

Cough without expectoration, brought on by tickling in the larynx, in the evening, lasting three days.

Rough cough, with pain in the throat, as if it were sore.

Cough caused by a dry throat, in the morning; the cough goes off as soon as expectoration of mucus takes place.

Sharp and hacking cough, repeatedly, caused by tickling in the

Cough, with retching, in the evening, especially when in bed.

Cough arresting, (intercepting) the breathing.

Suffocating cough, in the evening after falling asleep.

Dry cough, only at night, when lying on the right side ; for several nights.

Dry cough, day and night.

Violent, dry cough, in the morning, when rising and almost the whole day, shaking the abdomen as if all its contents would protrude ; she is obliged to hold the abdomen with her hands and to sit still ; there is a sort of dry rattling in the chest previous to her succeeding in hawking up something.

The cough, which was dry previously, becomes loose.

Cough with expectoration.

Discharge of white-yellowish mucus.

Cough, with discharge of thick pus.

Cough with discharge of greenish pus ; the cough is excited at a small place in the right side of the chest, of the size of an inch.

Discharge of green pus, after dry cough.

Discharge of thick, green pus from a vomica, which is formed in the right cavity of the chest.

Pleuritic stitches brought on by cough.

The pain in the side ceases after a dry cough ; she may now cough again without feeling the pain.

Pain in the abdomen, as if it were sore, brought on by cough.

Chest :—

Rattling and wheezing in the chest, for hours, in the evening when in bed.

Panting breathing, with oppression of the chest.

Oppression of the chest, after a meal.

When endeavouring to take a deep inspiration, her chest felt suddenly oppressed.

One feels as if the expiration remained behind in the chest.

Tightness of the chest ; the whole of the chest feels oppressed, or fatigued by exertion.

Her chest felt contracted.

Constriction of the chest, in the morning when in bed, as if she would suffocate ; she imagines she will die, when talking she has stitches in the heart, and, when moving her arm, she feels as if her heart and chest would tear.

Anguish in the chest, early in the morning.

Pain, as if the middle of the chest were squeezed into a narrow space ; the pain is felt whether the parts are touched or not, with oppression of breathing ; a quarter of an hour.

Violent compression in the chest, with arrest (incarceration) of breathing, early in the morning.

Pressure in the middle of the chest.

Violent pain in the whole of the chest, as if the chest would fly into pieces, with soreness in the chest.

Stitches under right mamma, which prevent her from sitting still, when sitting or writing ; they pass off after rising.

Stitches in the right cavity of the chest.

Stitches in the right mamma, on every inspiration, as if the parts were becoming ulcerated.

Stitches in the left upper part of the chest, sometimes also in the right.

Stitches in the sternum, as with knives, especially during motion.

Stitches in the back part of the right mamma, extending as far as the axilla.

Burning prickings in the left side of the chest, also when sitting.

Stitches with arrest of breathing, at times below the left mamma, at times in the right shoulder-joint, at times even in the right groin ; accompanied by some dry cough increasing the pain, early in the morning.

Grinding and pinching pain with tightness, in the upper part of the chest.

Writhing (twisting) pain in and below the chest.

Tremor in the chest, like a sort of moaning.

Feeling of coldness in the chest.

Burning, especially in the right side of the chest.

Burning in the chest with aching.

Pressure about the heart, almost like pinching.

Palpitation of the heart, in the evening, without anguish.

Violent palpitation of the heart, every beat being felt in the head.

Violent palpitation of the heart, when singing at church.

Violent palpitation of the heart, early in the morning, when waking up ; she has to lie still, without being able to open her eyes, and without being able to speak.

Stitching pain in the lower part of the mamma ; the pain increases when the parts are pressed upon, the breathing is then arrested.

Painful nodosities in the mammae.

Back :—

Pain in the coccyx, which becomes a burning pain when the parts are touched.

Pressing (bearing-down) pain in the coccyx, as if the part were injured.

Pain, as from bruises, and pressure in the crest of the left ilium ; the pain becomes so violent in the evening, that she had to curb herself.

When pressed upon from without, the place felt painful as from subcutaneous ulceration.

Pain as from subcutaneous ulceration, in the inferior extremity of the spinal column, mostly when sitting and lying.

Pain in the small of the back, when sitting, as if the menses would make their appearance.

Violent pain in the small of the back.

Pressing pain in the small of the back.

Stiffness in the small of the back.

Drawing pain in the small of the back, as if it were broken, when walking, standing, or lying down.

Sharp drawing transversely across the small of the back ; on every step the pain becomes very keen.

Stitches close over the small of the back, during a deep inspiration.

Stitch in the small of the back, descending along the thighs, on every inspiration.

Violent stitch in the os sacrum.

The back is so painful on the left side that she cannot rest upon it, for three nights.

Pain in the lower part of the back.

She feels a violent pain in the loins, when rising after having been seated for some time.

Pressing pain in the back, between the scapulæ, as if the parts had been strained or sprained ; she feels a like pain on the fore part of the chest, when moving the arm.

Painful tightness between the scapulæ, alleviated by friction.

Stinging tightness in the right scapula.

Intermitting stitches in the back, over the right hip.

Neck :—

Stitches between the scapulæ.

Sensation in a small spot of the nape of the neck, as if the skin were being raised.

Tightness of the nape of the neck.

Stiffness of the nape of the neck.

Stiffness in the left side of the nape of the neck.

Glandular swellings in the neck.

Superior Extremities :—

Copious secretion of humours in the axillæ.

Violent itching in the right axilla.

The shoulders feel tired, and as if pressed upon by a weight.

When walking the shoulders and the chest feel as if oppressed by a load.

Tearing in the shoulders, which goes off by motion and friction.

Drawing pain in the arms and hands.

Grinding pain down along the arm, with a sensation as of various confused movements taking place in the bones ; the symptom is less felt when resting upon this arm.

Violent tearing in the right upper arm, when raising the arm.

Tearing in the centre of the right upper arm, after midnight, when resting upon this side ; the pain was so violent that she was unable to fall asleep.

Painful tearing in the bone of the right upper arm, in the direction of the elbow.

Drawing stitches in the olecranon of the ulna ; the skin covering this process, feels sore when slightly touched ; the soreness is not felt when the part is grasped with force.

Painful stitches below the bend of the left elbow, coming out at the palm of the hand.

Burning and straining in the bend of the right elbow, in the evening.

Frequent burning and stitches in the left forearm, sometimes extending as high up as the shoulder-joint ; friction relieves the pain for a short while.

Itching on the inner surface of the right lower arm, which becomes covered by an itching eruption after the lapse of three days, spreading over a large extent.

Hard, elevated, itching place, near the wrist-joint, extending transversely around the lower arm.

Pain in the wrist-joint as if it were sprained.

Straining pain in the wrist-joints, when moved.

Tearing in the hands.

Pinching in the palm of the left hand, also the ball of the right hand.

Drawing stitches in the outer edge of the hand, where the skin is painful when touched slightly, but without any pain when touched with force.

Frequent and painful boring in the knuckles of the hand.

Every day the hands go to sleep.

The hand goes to sleep when at rest.

Numbness of the left hand, in the morning when in bed ; it goes off after rising.

Burning heat in the left hand when coming out of the cool air and entering the room ; in the evening, after sitting down.

Troublesome heat in the palms of the hands, in the morning.

Itching in the fingers and dorsa of the hands many days.

White itching pimples on the dorsa of the hands, burning and becoming red after scratching.

The metacarpal joints are painful when moved.

Straining in the posterior joint of the middle finger, during motion.

Tearing in the dorsa and bones of the fingers, going off by friction.

Stitches in the tips of the fingers.

Stitch in the tip of the index-finger resembling the sting of a wasp.

Stitches in the fingers.

The fingers, and afterwards the whole hand, go to sleep.

Itching in the wart on the finger.

Chilblain on the little finger.

Inferior Extremities :—

Cramp in the right hip when walking.

Stitches in the left hip, when sitting.

Inability to stretch the lower limbs, on account of straining and feeling of contraction in the groins.

Disagreeable tightness of the skin of the lower extremities, with a feeling either of burning or icy coldness.

Cold legs by day.

Pinching pains in different parts of the lower limbs.

Jerking pain in the thighs.

Drawing and tearing in the muscles of the thigh.

Tearing in the thighs, below both hips, from morning till evening, worse however in the forenoon and when sitting.

Painful tearing when standing, as if in the marrow of the left thigh ; going off when sitting (during the menses.)

Violently tearing stitch in the middle of the right thigh, on the inner side, when standing in the evening.

Fine, burning, shooting stitches in different parts of the thigh and small of the back, the whole day.

Boring and drawing in the upper part of the right femur, after an uneasy night.

When walking, the tendons in the bend of the right knee feel as if too short ; the symptom goes off when sitting.

Painless contraction of the bend of the right knee, which feels painful when stretched ; the symptom goes off after long exercise.

Cramp in the right knee, when walking.

Pain in the right knee, when standing, as if the part were screwed in, with a sensation as if the leg would become contracted, in the evening.

Tearing over the right knee; also over the left, as if in the bone; when rubbing the left knee, the pain here passes off for a short while.

Tearing and tingling stitches in the right knee; when rubbing the part the symptom is then felt in the tibia, and here yields for a short while to friction.

Very painful stitches in the bend of the left knee, when walking.

Soreness in the knee, when bending it, day and night.

Soreness in the right knee, worse when walking.

Cramp in the leg, in the fore part, near the tibia, when walking.

Cramp in the calves in the morning, for several days.

Painful cramp in the calves, after walking.

Painful tightness in the calves, when walking.

Painful contraction of the tendo Achillis, frequently repeated, in the evening.

Pressure in the tibia, when walking.

Pain in the tibia as if it were bruised, when walking in the open air; the pain comes on at intervals, and is attended with tightness of the calf.

Jerking drawing in the tibia.

Painless drawing in the left leg, at night from below upwards.

Tearing in the left leg, especially in the knee and ankle-joint.

Tearing in the left tibia, from above downwards; likewise on the outer surface of the right leg, and afterwards in the big toe.

Painful stitch in the right leg, when rising from her knees; the stitch affects the whole body, and causes her to start.

The legs, as far as the calves, go to sleep by day.

When walking the foot bends to one side, as if the ankle-joint were too weak.

Weakness of the ankle-joints when walking, even unto bending.

Feeling of stiffness in the ankle-joint, in the morning when rising.

Tightness in the dorsum of the foot, as if a tendon were too short; next day the place is swollen and sensitive to the touch.

Drawing and tearing in the tendons of the right heel.

Pricking in the sole of the left foot, as if with a pointed instrument.

Pain in the heels as from subcutaneous ulceration.

Stinging tingling in the feet, as if they had gone to sleep, in the morning.

Cold feet, when walking, in the forenoon.

Extremely cold feet, also in the evening, a long time after she had been in bed.

Very hot feet.

Her feet burn when walking, they swell when sitting.

Inflammatory swelling on the foot, breaking open near one of the toes.

Swelling and tightness of the feet.

Profuse sweat of the feet.

Cramp in the toes, frequently by day ; when walking upon an uneven road, the feet feel as if they would bend over.

Pain in the posterior joint of the toe, as if it had been strained ; when walking, and generally when moving the joint.

Tearing in the big toe of the right foot.

Violently cutting burning in the toes, especially the little toes.

Violent itching of the toes which had been frozen formerly.

Swelling of the ball of the big toe, in the morning ; there is much heat in it, and it is painful as if it had been frozen and ulcerated previously.

When walking she is easily sore between the toes.

Corns are formed which are painful to the touch.

Stitches in the corn, for many days.

Sleep:—

Drowsiness the whole forenoon with frequent yawning.

Drowsiness in the evening, with photophobia, (the first days.)

She was unable to fall asleep in the evening ; her sleep was very light.

He did not fall asleep till 5 o'clock in the evening ; nevertheless he felt refreshed after having slept two hours.

At night he feels so hot and restless that he is unable to sleep.

At night she feels restless and uneasy, tossing about in her bed, and waking up frequently.

Uneasy night, he is unable to remain quiet.

Uneasy night ; he woke up at 2 o'clock and a half, on account of internal uneasiness.

Uneasy sleep ; he felt stimulated and was unable to fall asleep before 2 o'clock.

Uneasy sleep, interrupted by frequent waking.

He is haunted by horrible visions in the evening before going to bed.

When falling asleep, she starts up as if she would fall.

In the evening, when lying in bed and closing her eyes, before falling asleep, she was tormented by a fear, lest she should suffocate ; this fear went off when sitting up and opening her eyes ; in this way sleep was interrupted the whole night : the throat was full of mucus.

At night she was tormented by so much anguish and orgasm of the blood, that she had to sit up.

A good deal of pain in the joints, at night.

Tearing on the outer side of the thigh, at night, which goes off when rising.

Cramp in the thighs and legs at night.

The night sleep is interrupted by a cramp in the calves.

Tearing in the knee, at night, going off by rising,

Sudden pain at night, when waking up and turning the leg in the bed, as if the leg were broken ; afterwards the leg felt as heavy as lead.

At night, when lying on the right side, the right leg goes to sleep as far as the toes, with a sensation as if the leg were longer.

Pain in the tibia, at night, which had passed off in the morning, after waking up.

Bleeding at the nose, at night, a quarter of an hour.

Considerable emission of urine, at night.

Great depression of the whole body, at night, as if it had been bruised by blows.

Sweat in the bends of the knees, and swollen fingers, after mid-night, when waking up.

Trembling in the interior of the limbs, in the evening when falling asleep, accompanied by an involuntary twitching in the knees, legs, and feet ; they moved visibly, and he had to draw them up.

Frequent starting, in the evening when falling asleep.

Ptyalism during sleep.

Moaning during sleep.

Loud talking during sleep.

Weeping, at night when asleep, and sobbing when waking up.

Vivid dreams at night.

Vivid dreams about scientific objects ; he made literary compositions and spoke aloud.

Sleep full of vivid fancies.

A number of confused and fanciful dreams at night, which almost prevented him from sleeping.

Vivid, fearful dreams, for seven nights in succession.

Dreams about murders.

Anxious dreams at night, with shrieking and crying ; these dreams were followed by sad, and then by voluptuous dreams, accompanied by a pollution.

Fever:—

Great chilliness by day.

Chilliness after dinner, for a long time.

He can scarcely get warm in the morning.

She feels chilly when a little air gets into her room.

Constant chilliness with icy-cold feet.

Very cold feet, from 9 o'clock in the morning, until 3 in the afternoon.

Very cold feet in the evening, when entering the bed.

Cold hands and feet in the evening.

Chills which wake her up at night when in bed.

Chilliness and cold creeping, in the afternoon, attended with trembling as from within outwards, without any thirst, for 3 hours ; afterwards burning in the skin of the body and in the eyes, with some thirst.

Shuddering over the back which appeared to begin in the chest, every afternoon.

Some shuddering with thirst, every other day, towards evening ; afterwards such a violent dry heat, that she imagines fiery sparks are darting out of her eyes ; only a little sweat in the night following.

Chilliness in the evening, without any thirst, afterwards heat ; this symptom passes off after lying down.

Chilliness over the whole body, at 9 o'clock in the evening, afterwards heat, after lying down ; during the heat she falls asleep, waking up frequently with thirst ; sweat towards morning.

Chilliness in the evening, when in bed ; afterwards sweat during sleep.

Chilliness with goose-flesh from 5 to 8 o'clock in the evening ; at 11 o'clock at night, one wakes up covered with sweat, which lasts untill 2 o'clock, and during which one bears covering.

At night, when in bed, his head and the upper part of his body were hot, the legs, however, cold, and getting warm only gradually ; towards morning he felt chilly in the bed.

Heat and thirst at night, without either previous chilliness or succeeding sweat.

During the heat she cannot bear being uncovered, because it makes her feel chilly at once.

Night-heat, with moist skin.

Sweat, when eating or walking.

Profuse sweat when walking or eating something warm.

Sweat colouring the linen yellow.

Profuse night-sweat.

Sweat about the head, at night.

Morning-sweat, after waking up.

Exhausting night-sweats.

Fetid night-sweats.

As soon as he closes his eyes, he is drenched with sweat.

General Symptoms :—

Aching in the joints and muscles.

Pressure in the stomach, the chest, and sometimes the abdomen.

Pain in the arms and legs as if they had been pressed with the fingers.

Tearing and drawing pain in the fingers and toes.

Stiffness of the limbs, after sitting.

Frequently a sensation as if hands and feet would go to sleep.

The right arm and foot alternately go to sleep, in the evening when in bed.

The arms and legs go to sleep, the former when leaning upon them, the latter when laying them across each other.

Feeling of numbness in all the limbs, especially also in the head.

All the limbs feel bruised, especially during motion.

The ligaments of the elbows and knees are painful when lying down.

The joints of the body feel bruised, severed, weak.

Feeling in the joints, as if they were broken.

Cracking in the joints.

The joints become easily strained.

Vacillating gait, as if caused by some external force.

Attack : she feels unpleasant from 10 o'clock in the forenoon until 4 o'clock in the afternoon ; her head feels giddy ; she is not firm on her feet, her face is pale, she feels nauseated and her eyes are encircled with blue rings.

Heaviness and trembling of the arms and legs.

Heaviness in all the limbs, frequently.

Throbbing and beating in the whole body, worse in the evening.

Orgasm of the blood, without any heat.

One feels easily heated, the whole day.

Weakness and want of energy of the whole body, with obtusion of the head.

He eats and drinks, but his strength decreases from day to day.

One feels easily exhausted by walking.

Walking made her feel weak very soon, especially in the hypochondria.

In the afternoon he felt such a great anguish and heaviness in the body, that walking became very troublesome to him.

A good deal of sweat when walking in the open air.

Tired and sleepy after walking.

Scarcely affected by the sharp winter air, (secondary effect.)

Itching over the whole body, especially in the evening when in bed.

Smarting over the whole body, like flea-bites, changing from one place to another when the part is scratched.

Stitches in a cicatrix from a burn.

Several small blotches on the wrist, on the nape of the neck, and on the dorsum of the foot, itching violently, with a sensation as of burning after being scratched ; they go off in three days.

Paralysis, Weakness, Fits :—

Attack : vertigo, she shrieks, opens her mouth, bends over to the right side and backwards, with her hands raised.

She threatens to fall over, opens her mouth and looks upwards ; afterwards heat over the whole body, with sweat in the face and whining mood.

Laziness, and want of disposition for any mental or physical labor, the whole day.

Depressed in strength, anxious and melancholy, especially in the afternoon.

The whole day as if in a state of slumber, indolent, deaf, dim-sighted, peevish and gloomy.

Dull and drowsy in the forenoon, more so after dinner.

General weakness in the forenoon, as if one would fall over.

The lower limbs feel fatigued and worn out, early in the morning.

Feels tired in the morning, even after sound sleep.

Lassitude, in all the limbs, in the morning.

Lassitude in the morning, after rising, accompanied by so much sadness that she would like to weep.

[Peculiarities :—

Remission *during* day and *before* midnight.

Predominantly worse from motion.

„ in the open air.

„ when walking.

„ when assuming an erect position.

„ when drawing up diseased limb.

- „ when lying on side.
- „ when lying on painful side.
- „ from touch.
- „ from drinking cold water.
- „ from uncovering.
- „ in the dark.
- „ after sleep.
- „ after getting out of bed.

Predominantly better during rest.

- „ in-doors.
- „ when lying, sitting and standing.
- „ when stooping.
- „ when stretching out diseased limb.
- „ when lying on back.
- „ when lying on unpainful side.
- „ after drinking.
- „ from light.
- „ from wrapping up.
- „ from warmth.
- „ from growing warm.
- „ in warm air.
- „ when alone.

N. B. With *Carbo Animalis*, whose predominant characteristic is want of susceptibility, we rarely find the over-sensitiveness peculiar to Bell., Graphit., Phos., Puls., and Sep.—Gross's *Comp. Mat. Med.* by Hering.]

EDITOR'S NOTES.

THE DENGUE IN THE MIDDLE OF THE 17th CENTURY.

We are indebted to the learned Editor of *Mookerjee's Magazine* (New Series, No 1.) for the following extract from Thevenot's *Travels into the Levant*, Part I. Chap. lxxx, in which the celebrated traveller gives a description "of the Inconveniences and ordinary Distempers at Caire" :—

"In *March*, 1658, after some days of high winds, a certain Distemper broke out, which began with a Head-ache and Fever, and continued with a great Rhume : The Fever lasted not above two or three days at most, but it rendered Men so feeble, that all the Limbs seemed to be broken, and if Preservatives were not used, the patients relapsed into a Fever, that held them, three Weeks or a Month. All in *Caire* from the highest to the lowest, both Aged and Young were seized with it, and there was nothing to be heard every where but Coughing ; this Distemper was so contagious, that it infected by the Breath. They called it *Abou Chamaa*, because of a certain Song made some Months before, which began with *Abou Chamaa*, and ended with *Ha, ha, ha*. Now seeing that Distemper caused great Coughing, it was thought every one sung *Ha, ha ha* ; wherefore the Basha prohibited the singing of the Song with so much Rigour, that when the Sous-basha found any one singing it in the Streets, though it had been but a Child, he ordered him to be laid down and Bastinadoed ; because they fancied that the Song was the cause of the Distemper, which spread so far, that afterwards we learnt at *Jerusalem*, and in other Places about, that they had been troubled with it at the same time ; nay the Corsairs who took us, had all had it at that time. I was told at *Caire*, that ten Years before, such another Distemper had raged there which they called *Makassa*, that made those who were troubled with it, think all their Limbs to be broken ; and they were Cured by eating of Oranges, which made them so dear at that time, that an Orange was worth half a *Piastre*, so long as that Disease lasted."

THE DIFFERENCE OF ACTION OF THE RIGHT AND LEFT

PNEUMOGASTRIC NERVES ON THE HEART.

Prof. Masoin, of the University of Louvain, as we learn from the *Med. Times and Gaz.* (July 27) recently presented a Paper on the above subject, based upon 37 experiments made on 6 different

animals, to the Belgian Royal Academy of Medicine. The conclusions are:—"1. The two *nervi vagi*, or rather the accessory nerves of Willis, do not comport themselves in an identical manner with respect to the heart. The right nerve possesses a much greater power than the left in slackening and suspending the functions of that organ. This preponderance of the right nerve is exerted even when its concurrent is in possession of advantages which would seem capable of assuring its supremacy in the comparison. The rupture of the physiological symmetry of the nervous system is especially remarkable in this case, inasmuch as a nerve of the right side predominates over that of the left with respect to an organ, which itself belongs to the left side of the body. 2. Neither the right nor the left nerve exerts its influence on any circumscribed portion of the heart. The coercion of this organ, therefore, emanating from the myelencephalon, operates upon its mass without either pneumogastric possessing an exclusive sphere of action."

SUBCUTANEOUS INJECTION OF ERGOT IN UTERINE TUMORS.

We learn from the same *Journal* of the same date that Prof. Hildebrandt of Königsberg has found subcutaneous injections of extract of *secale cornutum* in Fibroid affections of the Uterus. The Prof. refers to eight cases in which there was no doubt about diagnosis. In only two of these the injections could not be persisted in, inasmuch as in one ergot toxication was produced, and in the other great pain. In the 6 remaining cases great improvement took place. In one case, the tumor reaching above the navel totally disappeared; in another, the tumor reaching the edge of the ribs and distending the abdomen became greatly reduced. The following points deserve attention in reference to the mode of employing the ergot:—1. The solution, which is thrown in by means of a Pravaz Syringe, is composed of 3 parts of watery extract of *secale cornutum* to 7 parts of distilled water and 7 parts of glycerine, this causing much less pain than Langenbeck's alcoholic solution, and not giving rise to any suppuration. It may cause little, somewhat tender indurations, which are long in disappearing, but so little pain is caused by the procedure that the patient is able to return home immediately after the injection has been made. 2. The lower portion of the abdomen is very much more sensitive to the injection than the parts near the navel. 3. At the time of menstruation, as well as shortly before and a few days

after it, slight hæmorrhage follows the puncture, 4. After from 10 to 15 daily injections have been practised the solution flows out again from the orifices. It is therefore necessary at this time as well as during menstruation, to apply a piece, wetted with collodion, immediately after the injection has been made."

MORAL CONTAGION.

We extract the following from a translation of a portion of Dr. Despine's pamphlet on the above subject as given in the *Journal of Mental Science* for July :—

Every manifestation of the instinct of the mind, of the sentiments and passions of every kind, excites similar sentiments and passions in individuals who are capable of feeling them in a certain intensity. This law explains how a certain act infects some and not others. One could not better compare man's moral nature than to a sounding board (*table d'harmonie*). The sounding of one note causes vibrations in the same note in all the boards which, being susceptible of emitting it, are influenced by the sound emitted. In the same way, the manifestation of a sentiment, of a passion, excites the same instinctive element in every individual susceptible, by his moral constitution, of feeling more or less acutely this same instinctive element.

If this law acts beneficially in affording us the means of putting into activity, of exciting and strengthening by good example the higher sentiments of man, it also becomes a source of evil in causing moral perversion by the influence of bad example, by the recounting of criminally immoral acts, which vivify, incite, strengthen the evil instincts, sentiments, passions of the man whose natural moral is already below par. It is necessary, therefore, to take this law into serious consideration in order that it may operate as much as possible for good, and remove as far as possible those circumstances which tend to make it the source of evil. And these latter circumstances occur too frequently in our day, by the relation of hideous crimes with which all the newspapers are filled, and particularly those which by their low price, are intended to be read by the lower classes. If the recital of immoral, criminal acts is not dangerous for individuals of good parts, who from their mental constitution reprobate these acts with horror, who have only an aversion to what is bad, it is incontestable that, for those morally deformed, in whom the tendencies to evil are very powerful, easily excited, or already developed, either by their inherent

activity, or by the corrupting influence of immoral surroundings, and in whom the moral sentiments which are antagonistic to the depraved tendencies are feeble or absent, it is incontestable, I say, and I have brought forward numerous facts in evidence thereof, that the publication of criminal acts is very dangerous to public morality and security, because it stimulates in these individuals the same depraved tendencies which had occasioned these crimes, and awakens those sentiments, those penchants, those passions ; and the desire to commit similar acts then appears. Now, in such morally deformed individuals, who form the unfortunate dregs of society, a class which is constantly renewed, and of which the source is never exhausted, the recital of such acts becomes to them a cause of crime, and consequently a cause of danger to society.

INDIA OFFICE SANITARY REPORT FOR 1870-71.

The report on the measures adopted for sanitary improvements in India for 1870-71, printed under the authority of the Secretary of State, gives, after the manner of its predecessors, a succinct account of the operations of the Sanitary Commissioners in India during the year 1869 and the greater portion of 1870. The administrative machinery now in operation for some years is not ill-calculated to fulfil the objects which it is intended to subserve. Each local Government has now a Sanitary Commissioner who, besides devoting all his time to the investigation of this one subject, can avail himself of the experience of the entire body of Medical Officers under that local Government. The reports and suggestions of these local Sanitary Commissioners are next passed under review by the Sanitary Commissioner with the Government of India. The whole of these reports are then taken into consideration by the Army Sanitary Commission in England, and gentlemen of the highest eminence in the latter country in special subjects or departments are often consulted whenever projects requiring large outlay or unusual engineering skill, or involving a deep knowledge of hygiene, are started by the local authorities. In theory the system appears to be a good one, but it seems very doubtful whether the large expenditure of money it involves, in printing and in the payment of the various establishments, has yet produced any adequate result; while India itself is so poor a country that it is hardly able to meet the expenses which the schemes suggested from time to time involve, in addition to this large outlay. At the same time we acknowledge with great pleasure the services which the Army Sanitary Commission have already rendered to this country in the shape of sound practical advice; though at the same time we must confess that this most able body are sometimes apt to overlook facts, and pass opinions without sufficiently studying the particulars of a question brought before them. As to the report itself prepared in the sanitary department of the India Office, its most valuable portion is contained in the appendix. The way in which abstracts have been made of the annual sanitary reports is not unsatisfactory; but at the same time we must confess that if prepared with a little more care it

would supersede the necessity of getting the detailed reports of the Sanitary Commissioners printed in this country, over and above the one now before us.

The present report notices several questions of considerable interest, and there are besides many suggestions from the Army Sanitary Commission which deserve to be more widely known in this country than it now is. Perhaps the most important of these questions is, whether public money ought to be spent on the investigation of theories, such as has been done in reference to those of Professors Hallier and Pettenkofer, at the instance of the Senate of the Army Medical School. The enquiry has as yet yielded negative results only, that is to say, proofs have not been found in support of those theories. And so Miss Nightingale questioned the propriety of the continuance of these investigations. Her views met with support from the Army Sanitary Commission, who suggested that the enquiry should henceforth be chiefly confined "to the direct observation and record of facts in the manner recommended in their instructions for the cholera inquiry," and that the investigation of theories should be subordinate to it. It has also been settled that the sanitary reports should be mainly confined to known facts regarding disease-causes, and that, as a general rule, theoretical matters should be left out from them. To these questions Dr. Morehead has paid very close attention, and his views on them published in the *Lancet* are the most legitimate, and it is necessary in the interest of the medical sciences that they should be circulated by Government for the guidance of the medical officers. The learned doctor says, to determine unknown causes of disease two things are necessary: clinical research, and an enquiry into the condition of the agencies which affect life, and that the positive knowledge to be acquired from the latter should be applied to the positive knowledge of the former. When the causes of a disease have to be ascertained, the first steps necessary are to conduct careful clinical investigation by the bed-side of the patient, and form generalizations from a "sufficient number of carefully observed individual cases." The business of the Sanitary Department should be to record the facts noticed by the clinical observers, and to compare their experiences. The next step lies in observing the operation of the natural agencies

which are perceived to occur simultaneously with the breaking out or the cessation of the various diseases. This is by far the most difficult work, and the Army Sanitary Commission have prescribed a set of very useful instructions for carrying it out with some hope of success.

The epidemic fever in Bengal is another subject noticed by the Army Sanitary Commission. They are of opinion that there is no doubt "as to the nature of the fever which has committed such ravages in the vicinity of Calcutta. It is a fever due to marsh malaria aggravated in certain instances by the presence of other causes and conditions, but retaining throughout the peculiar characteristics due to its origin." Entering a little into details, they have recorded that :—

The chief cause is a malaria-producing condition of the subsoil, arising from lowness of situation, want of drainage, silting up of natural water-courses, and in one case apparently artificial closing of a natural water-course, unhealthy expanses of shallow water, occasional flooding of the surface, marsh ground and water-logged subsoil, unwholesome nullahs, and the like. As concomitants of these conditions, there is unwholesome water-supply, a generally insanitary condition of villages and houses, and a low condition of agriculture.

Thus virtually corroborating the views which were expressed by Babu Degumber Mitter some seven or eight years ago, when the epidemic was first known to be raging with violence, but which the local Government and its learned medical officers and engineer advisers refused to listen to at the time.

The following are the remedies proposed :—

First in importance is land drainage and reclamation, including every engineering work required for the purpose. Natural river courses should be opened and improved, and arterial and branch drainage works executed to lower the subsoil water level a sufficient depth below the surface, banking out floods, and the like. This should be accompanied by clearing, reclamation and culture of land, together with village improvements, including a rigid sanitary police and a wholesome water supply.

The discussions on this question ended in a scheme for the drainage of the Dancoonee Jullah, and in March 1871 a Bill was introduced into the Bengal Council "to legalise the levy on all parties benefited by the drainage operations of a special rate to be applied to reimbursement of their cost." In less than three

months' time, the Bill became law, in spite of the request of some of the native members of the Council to give them time to consider, inasmuch as they were not satisfied that the scheme would work satisfactorily in practice. It is now more than a year that the Bill for Drainage and Irrigation of Districts has been passed, and yet, so proverbially is our Government noted for promptness in forming new schemes and for procrastination in carrying them out, that nothing has been done yet to bring the new law into practical operation.

In every sanitary report that is issued in India, the ignorant native population are invariably charged with breaking all the laws of health, and sometimes they are said to be guilty of neglecting them even when they are made known to them. A similar charge might not improperly be brought against the knowing periodical sojourners at Simla. The annual exodus to that hill-station on the part of the Viceroy in Council along with the establishment attached to him, commenced about eight years ago. There is also a Municipality at Simla for the maintenance of the station in proper sanitary condition, and for the prevention of nuisances. Yet it was in the year 1870 only that the disgraceful state of the chief source of the water-supply at Simla was seriously brought to the notice of Government. We hope that by this time measures are in full operation to supply the station with wholesome water.

The manner in which the water-supply question at Peshawar has been settled, shews that if the Bengal Government treat with contempt the opinions of educated natives on sanitary questions, the Government of the Punjab seem to go to the opposite side. The question to be solved was, whether Peshawar should receive its water-supply from the Cabul or the Bara river. The local Government declared in favor of the latter river, for the chief reason that the natives considered the water of that river to be "far superior to that of the Cabul river, both for irrigational purposes and for consumption," inasmuch "as a preference of that kind is usually based on the practical experience of several generations." It is superfluous to state that in the settlement of important sanitary questions, involving engineering operations, where the most competent men are rarely found to arrive at the same conclusion, weight should be attached to opinions other than those

which are formed upon vague notions, or upon experience hardly worth the name, unless they are corroborated by other circumstances. We might mention here that the Punjab Government is any thing but consistent in giving its steady adherence to the mode of reasoning just stated. There is a tradition that 80 years ago the Bara in the dry season was without water. But the Punjab Government has attached no importance to it. It is due to the public that the Lieutenant-Governor should explain why he accepts the one opinion and rejects the other. In the face of such reckless proceedings on the part of the Governing authorities here, we are obliged to suggest that no sanitary scheme, which involve large outlay, should be commenced upon which had not received the previous sanction of the Secretary of State. And it is high time for that functionary to see that this is enforced.

The question, as to the propriety of the occupation of the lower floors of barracks as dormitories for British soldiers in this country, has been noticed in this report. It is stated that at Barrackpore, Dum-Dum, Fort William, Agra and Poona, good results attended the removal of men from the ground-floor rooms to those on upper storeys. At Allahabad, Jullundur and Nuseerabad similar removals were accompanied with unfavorable results, but this has been attributed to these barracks not being sufficiently well protected from sun-heat. Dr. Cuninghame has taken steps to ascertain the temperature of the different kinds of barracks, and registers are being kept, which it is stated will supply valuable data as to the effect of double storeys in preserving the health of the men. The opinion of the Army Sanitary Commission on this question is deserving of serious attention, and accords with our limited experience. They state :—

That the great disease-cause requiring abatement in India is malaria, proceeding either immediately from the ground occupied by stations, or wafted from a distance.

The only remedy for this lies in the execution of works of general and sub-soil drainage, in wholesome water-supply and in improved agriculture. No amount of improved barrack building will abate malaria or its consequences ; but the effect of existing ground malaria can be reduced by providing that men shall sleep at night as far as possible above the level of

its influence. In comparatively healthy localities a basement more or less raised, with a free sweep of air through it, will probably be sufficient for the purpose, while in low malarial districts upstairs sleeping rooms would be absolutely necessary.

More extended enquiry is required however to establish the above conclusions on a satisfactory basis. It is hardly necessary to state that the above remarks apply to all buildings in this country.

The question as to what should be the best system of latrines to be provided for native troops, has also been noticed in the report. Dr. Cuninghame has condemned "the present system of erecting permanent structures," and recommends the substitution of a system of shallow trenches, "the sewage being utilised by the ground so manured being cultivated." Convenient plots of ground should be assigned for such cultivation, and a temporary screen erected over the trenches in use, "the screen being moved from time to time as the fresh trenches altered their position." This recommendation has not however met with general support. The Sanitary Commissioner for Madras denied that permanent latrines were nuisances every where, and Colonel Bell of Bombay has given it as his opinion that "the trench system is unsuitable even in dry weather to the circumstances of permanent lines for native troops in military cantonments, and that within the distance which as a rule appears desirable as a maximum (300 yards from the extreme huts of the lines), it is not desirable to allow of such cultivation as alone can render innocuous the manured soil; and it is undesirable that the native soldiers, and more especially their wives and children, should have a long distance to go from their houses." Where such diversities of opinion prevail, it is not proper to enforce the introduction every where of one plan to the exclusion of the others. Both the plans ought to have free scope given for their operation, and the result should be recorded year after year, so that a definite conclusion might be arrived at hereafter.

The sanitary department of the India Office wishes that sunflower should be cultivated in some of the marshy districts. The following facts have been recorded on the subject in the report under notice:—

The sunflower (*Helianthus annuus*) is said to have the property of purifying air loaded with miasma, which would be unwholesome to man, as the plant sucks in a great quantity of moist and noxious gases, and exhales in return a large quantity of oxygen. The plant has proved itself particularly valuable for this purpose in America, where its cultivation has rendered healthy and fever-free whole quarters in Washington and Philadelphia which had previously been uninhabitable from the fevers prevailing there. Also a Dutchman, Van Alstein, whose property was situated on some flooded land on the bank of the Scheldt, relates a similar case. He planted three or four plots, 30 or 40 yards from his house, whereby the air was so much improved that for 10 years no one had been attacked with miasmatic fever, which was prevalent in neighbouring properties where a similar precaution had not been taken. Besides this advantage the sunflower is a most useful plant. The seeds yield a good oil equal to that of poppy seed, and contains about 40 per cent. of it. The leaves serve as good fodder for cattle. The stems are said to contain saltpetre and potash in large quantities, and when dry make good fuel.

We recommend the above plant to the notice of the zamindars in the Hooghly and Burdwan districts. The Government will doubtless procure the seeds for them, and the Agricultural Department ought to be able to supply them with information as to the manner in which the plant can be grown. We believe that the Commissioner of Burdwan also possesses the necessary information on the subject.

Sometime ago we complained that the meteorological observations at present made under the different local Governments, are taken in such a way as hardly to subserve any useful medical purpose. We are happy to find that Assistant Surgeon Verchere has made a similar remark. He says:—

I feel convinced that meteorology is an unknown science in India. Meteorology, as at present studied, is useless to medical men. The long range of readings tells us nothing. Man does not live in a registry shed. He exposes himself to the sun, to the wind and to the rain.

A register of the effects of meteorological conditions on ten men selected for the purpose, with all conditions of exposure, &c., taken into account, would teach us more in a few months than yards of meteorological tables extending over ten years and compared with the average sickness of a corps for the same period.

Without sharing in the sanguine expectations of Dr. Verchere, we think that careful observation extending over some years of

the effects on individual cases of the "atmospheric conditions which in the aggregate constitute climate," will in all likelihood lead to a better knowledge of the disease-causes than now.

The last subject that we shall notice is the scheme for the drainage of Cawnpore. In reference to questions like this, the Secretary of State has very justly observed that "schemes undertaken by Indian municipalities should be framed with the strictest attention to sound principles and with all the light which the latest European experience has thrown upon the theory of sanitation," and that as respects these works, "it is very necessary that there should be an efficient supervision by Government, and especially a strict control over the cost of all engineering sanitary works." It is also necessary that all failures in this country should be carefully noted, so that if money is wasted in one town on an impracticable scheme, the same process may not be repeated elsewhere. Further, the Army Sanitary Commission as well as Mr. Chadwick are of opinion that "rainfall in India must be passed to natural outfalls by surface drains," and that, as a general rule, "it is alike unadvisable and costly to build sewers for removing Indian rainfalls of the dimensions proposed." The latest opinion of the Commission on the present subject has been given in reference to the Bombay Municipality. We extract it below for the information of our readers :—

As objections to drainage works have been raised in India, on account mainly of peculiarities of climate, it might be advisable before commencing the main sewerage of Bombay to select a portion of the district, and lay down small sewers and branch drains sufficient to remove house refuse, and waste water, say, a line of 12 inch pipes with 9 inch branches, and 6 inch and 4 inch tributaries, taking care that all the pipes are laid in right lines with ventilating manholes and flushing arrangements complete, and the joints made with cement.

The surface should be improved to discharge the monsoon rains. The action of these sewers and drains should be watched during a year, and any defects or disadvantages be reported upon.

The working of any sewers and drains in the hot and dry season will depend upon the perfection of the materials and workmanship. Sewers and drains must present even, true, and smooth lines of channels having absolutely watertight joints, or the water and other fluids will soak and evaporate away, leaving any solids to choke the drains and ferment.

Some of the suggestions of Mr. Chadwick appear to be very valuable, and deserve close attention on the part of the Indian

authorities. He states very justly, for instance, that "economy for sanitary works in India is of greater importance for their adoption and extension there, even than the poorer urban districts of England," and that the drainage question "is very difficult in the present state of knowledge in India, that he has seen no reports or instructions there sufficiently elucidating it, and that it is not yet solved anywhere in India." And yet let any Indian Municipality come forward with a drainage scheme, in, however crude and incomplete a state, they are almost sure of obtaining the support of Government, whatever might be the expense involved, and whatever the amount of opposition proceeding from practical men, and those of the medical profession. Witness for instance the case of the drainage of Calcutta. Mr. Clark's system was condemned on some points by authorities like Doctors Farquhar, Moore, Cornish and Mouat, and we ourselves have been emphatic in our condemnation of it in these pages, but no notice has been taken of these opinions; and Calcutta has been made liable to the evils of the sewage system, which, according to these and other authorities, are gradually becoming apparent in Europe.

Mr. Chadwick has further remarked that "the objective point in town drainage is the discharge of the waste and foul water from within the houses during dry weather, with the addition of any ordinary surface washing of the roofs and streets by ordinary and not extraordinary rainfall," "that every channel shall be self-cleansing, and that all stagnancy and all smell from decomposition means default." The following is one mode of testing the complete drainage work of a town:—"Some substance which can be distinguished; of the specific gravity of water, is taken and pieces are put into one or two of the water-closets at the head of the district drained (when all the house drains and service are on), and timed when let go, and watched for at the outfall, and the time of their arrival noted, and the plan judged of accordingly. If the pieces do not arrive, there is a stoppage and defect somewhere." We are not aware that the Calcutta drainage works have been put to such a test. It is due to the rate-payers of this city that this should be done before further works are carried on. As to the test by the smell which has also been recommended, it does not speak much in favor

of the Calcutta drainage. At particular places, and in particular houses we have experienced and been told of fearful stench from the drains occasionally polluting the atmosphere of the localities, to an extent rarely experienced in those quarters before the system came into being. Mr. Chadwick also thinks that "complete sanitary works for Indian cities will need more than in England a wide basis of subsoil drainage, and culture of suburban and adjacent land." If the experience of any of the other malarious countries be of any use to us, it teaches us to place the greatest weight upon this opinion, as likewise the recent current theories about malaria. It is absolutely necessary that questions like the above should be thoroughly discussed, and legitimate conclusions of a positive kind should be arrived at, before further drainage works for Indian towns are authorized; and where such works already exist, they should be regularly examined by competent men. But the Indian Government follow the opposite course. We see it stated that a loan of Rs. 2,69,540 has already been authorized for the drainage of Cawnpore, and that the work has so far advanced as to give hopes of speedy completion.

THE FEVER EPIDEMIC OF BENGAL AND THE
VICEROY'S PRIZE.

The following Notification appears in the Papers:—

His Excellency the Viceroy and Governor-General of India has been pleased to offer a prize of the value of Rs. 1,000 (one thousand Rupees) to be competed for by any or all Sub-Assistant Surgeons or other who have passed through the Calcutta Medical College; the subject selected being "*The nature and causes of the fever which now prevails in and near Burdwan, and the best means of preventing its continuance.*"

All essays submitted in competition must be sent in with sealed covers and mottoes, on or before the 1st of August 1873.

They must be addressed to the Principal of the Medical College, Calcutta.

All papers sent in will be examined, and the prize adjudged, by the Principal of the Medical College and the Officiating Sanitary Commissioner for Bengal.

Competitors are warned that they must adduce facts and close arguments bearing on these facts and that they must not indulge in mere speculation and theorizing.

Original observations on *the pathology of the disease* are required; also on *the range of temperature* observable at different periods of its course; and on successful modes of treatment. *The modes of life of the people* which tend to develop or arrest the fever should be carefully dwelt on as well as the *peculiarities of the Villages* themselves which are subject to or exempt from its influence.

The names of unsuccessful candidates will not be published.

It must be understood that the prize will not be awarded unless a fairly good essay is received

DAVID B. SMITH, M. D.

Offg. Principal, Medical College.

This notification is suggestive of many thoughts and feelings. In the first place it rouses the feeling of gratification and gratitude to see the present ruler of this vast dependency manifesting not only a practical but a *personal* concern in our affairs, which latterly, we are sorry to say, our rulers have very seldom done. It was altogether a different thing in the early days of British rule. Then officials from the highest downwards used to take a personal interest in the affairs of the people, they not only used to mix more intimately than is now done, they were not only over us and among us, but they showed by their deeds that they were of us,—they in fact identified themselves with us. To the misfortune of this country, a change has come over our rulers. They do not seem to be concerned in our welfare, as if that welfare

were their own. They come here as it were merely to go through cold routine and when that is done, they seem to be satisfied. The consequence is they never gain, as indeed they never aim at gaining, the *affections* of the people. When they leave us, they leave us for ever. For how few of them think of us from their homes and cast longing lingering looks behind? How few of them take any active interest in promoting that which they had commenced while occupying official positions here? Have not the people of this country reason to complain, that Englishmen come here only for their own selves? Have they not reason on their side when they say that with all their tyranny and oppression the Mahometans were in this respect at least better, that they staid with us, and if they took our money, they spent that money among us, and so it came to us again?

The people, in fact, had begun to be alarmed that they shall everlastingly continue to be governed merely as a conquered people. They had begun to despair of ever being governed with affection. Under these circumstances the advent of a Viceroy of Lord Northbrook's stamp is most opportune, and indeed a god-send. Already has His Lordship, by numerous acts, shown that the position of a Viceroy has other responsibilities and duties than those which technically belong to it. Of these numerous acts the one under notice is that which calls forth our warmest gratitude. For years past, the Fever Epidemic has been devastating village after village, district after district, till it has now involved nearly the whole of Bengal, reducing her from a once proverbially smiling and prosperous condition to one of wailing and wretchedness which beggars all description. Not only have the population been thinned to an alarming extent, but the energies of the survivors are paralyzed to the last degree. And all this has been taking place under the eyes of a Government of boasted enlightenment and civilization, with all the paraphernalia of medical and engineering organizations—the whole hosts of district medical officers, deputy and full inspectors-general of hospitals, sanitary commissioners, &c., and road overseers, embankment, irrigation, and canal officers, &c., &c. All this, we say, has been occurring, bringing sadness and desolation in every home in Bengal, while our benignant Government has been distinguishing itself on the one hand with a

masterly inactivity as far as the epidemic was concerned, but on the other with a mischievous activity in heaping tax upon tax, cess upon cess, and what not, upon the epidemic-stricken people. The people's calamity was Government's best opportunity to demonstrate their earnestness and anxiety for the people's welfare and thereby to win their gratitude and affection, call it loyalty if you will. That opportunity Government have nearly lost. We say nearly, for all is not lost yet. The cry for help is daily becoming louder and coming from fresher quarters. The epidemic is fearfully extending on all sides, and still there have been no *organized* measures to stem its advance. How long are Government to keep their eyes and ears shut? And how long are our *millionaires* to remain in their present state of most culpable apathy in presence of a calamity that threatens to become universal?

The notification calls forth our gratitude for another reason, and that is the fact of the Viceroy's confining the competition of the prize to the graduates of the Calcutta Medical College, past and present. We have over and over again shown in these pages the injustice bordering upon cruelty with which these graduates are treated by Government at the instance no doubt of their privileged medical advisers. Merit and length of service never avail in elevating the position of our unfortunate graduates. In spite of every thing in their favor they are doomed to continue everlastingly as *Sub-Assistant Surgeons*, while men of the privileged service may rise from the rank of assistant surgeon to that of Inspector-General of Hospitals. We have from time to time pointed out many anomalies and absurdities in connection with this subject, and we allude to them here simply to intensify the gratification we feel in having, in the present Viceroy, a ruler who has shown his sympathy for this degraded class.

With reference to the subject-matter of the notification we have to offer a few observations. Dr. Smith has probably had the framing of it, and as far as the general requirements go, which must be fulfilled before an essay can be pronounced entitled to the prize, he has our hearty concurrence. Thus he has very properly given candidates to understand "that the prize will *not* be awarded unless a fairly *good* essay is received," and has given them warning "that they must adduce *facts*, and close *arguments*

bearing on these facts, and that they must not indulge in mere speculation and theorizing."

With reference to the particular requirements detailed by Dr. Smith, we require explanation on some points. In the first place we beg leave to ask what is meant by "the range of temperature observable at *different periods of its course*"? Here by "*its course*" is no doubt meant the *fever's course*. But what is to be understood by the *course* of the fever? It cannot certainly mean a single *paroxysm*, or a series of paroxysms constituting a single attack as it is called. If it means, as it does mean, and ought to mean, the whole duration of the fever, consisting of a series of attacks, before either it culminates in death or terminates in recovery, then the course is exceedingly variable. Taking all the cases, it is impossible to bring them under one single head by a reference to the courses they run. Cases which have proved fatal have been known to run courses varying from a few hours to several years. And cases which recover generally run courses varying from a few months to a few years. Now the course of a particular case is marked generally by periods of apparent health and of relapses of the fever, and the periods of either state are not always, in fact, *generally they are not*, of the same length, and the relapses generally are not of the same character. Hence while we admit the great importance of the thermometry of these different periods, we must at the same time point out the great, almost insuperable, difficulty of arriving at it. And therefore we submit that the time allowed for the preparation of the essay is not sufficient.

The time allowed is insufficient for another reason. The investigation of the cause should form the most important part of the candidates' labors, and the results of such investigation should form the most prominent feature of their Essays. Now it is easy to understand that such an investigation cannot be satisfactorily carried on, far less completed in so short a time. No weight can be given to hearsay evidence, and Dr. Smith has very properly enjoined candidates to produce *original observations*. To endeavour to discover the true cause or causes of the epidemic, these observations ought certainly never to be confined to one village or a few villages. Properly speaking, all the villages that have suffered or have been recently

suffering, should claim the attention of the candidates. There are probably both general and local causes in operation, the former conditioning the villages so as to predispose them to the action of the latter, and thus both conspiring to give rise to the deadly fevers. But the particular local influences must be minutely studied before a satisfactory conclusion can be arrived at as to the etiology of the epidemic. And these minute studies can only be accomplished by minute local inquiries, for which length of time is all-important. It is true that, in the face of the dire epidemic that has been desolating the country for so long a time, no further time can be lost, as much valuable time has been lost already. Still we must maintain that hasty conclusions on such a momentous subject, affecting the lives and health of millions, are worse than useless, especially as Government are too apt to act upon such conclusions, thereby adding oppression and misery to sickness and death. We should therefore recommend that at least another year be added to that already allowed.

Again, Dr. Smith requires candidates to produce "original observations on successful *modes* of treatment." Here again an explanation is necessary as to what is meant by *modes* of treatment. *Modes* of treatment cannot have reference simply to *varieties* of drugs. They must have reference to varieties of *principles* on which drugs are administered. It is from want of unanimity as to the principle or principles which should guide in the selection of drugs that the profession is divided into a variety of *schools*. When therefore candidates are required to produce original observations on *successful* modes of treatment, they are bound to extend their observations to all the modes of treatment that have been employed against the fevers in question and found beneficial. And they are further bound to give a fair and impartial comparison of the results of these various modes of treatment. They are bound, we say, both morally and scientifically. For not to do as we humbly suggest, would be not only to do violence to fact and truth, but it would be also withholding from the poor sufferers, part at least of the available means of relief. This is the legitimate conclusion to which the expression "*successful modes* of treatment" leads us. And we hope Dr. Smith will not shrink from it. We know he is a man of the most

liberal and catholic spirit. Are we to suppose his catholicism will fail him in his struggle against the established opinion of the dominant profession? For we know, it *will* be a struggle to admit the papers of candidates who may chance to recognize truth in modes of treatment not in favor with orthodoxy. But can he refuse to admit such papers, without a struggle against his conscience?

CLINICAL RECORD.

1. *A Case of Chronic Conjunctivitis. Recovery.*

UNDER CARE OF DR. M. L. SIRCAR.

The Patient, named Gadadhar Patua, aged 20, was admitted in the Out-door Dispensary on the 21st Jan. 1872, with the following symptoms:—The conjunctivæ of the eyelids, especially of the right eye, were inflamed and presented a granular appearance. Constant flow of tears. The lachrymation was almost always preceded by burning in the eyes. Agglutination of the eyelids at night. The disease invariably used to become aggravated in the cold season. The disease was of 9 years' duration. The patient at first had *Euphr.* 6, which he took for 4 days without benefit. He then had *Puls.* 6, which had the marvellous effect of bringing about a complete recovery in about a week. He was discharged cured on the 2nd Feb. last.

2. *A Case of Ulcerative Corneitis. Recovery.*

UNDER CARE OF DR. SIRCAR.

Srimanta, aged 26, was admitted on the 12th Jan. 1872, with Corneitis of both eyes. The patient could not say how long he was suffering. Judging from the symptoms he must have been suffering for upwards of a month. The Corneæ had become nebulous and there were superficial ulcers, some of which seemed to have healed up. There was besides profuse lachrymation. The patient had *Arg. Nit.* 6, which he took till the 20th when he was nearly cured. After that he had no medicine, though he was told to attend the Dispensary occasionally. On the 3rd March following he was all right, and was discharged cured.

Gleanings from Contemporary Literature.**INFLUENCE OF EPIDEMICS OF FEVER IN CHECKING THE
ADVANCE OF THOSE OF CHOLERA**

BY ROBERT LAWSON,

Inspector-General of Hospitals, President of Epidemiological Society.

On a former occasion I drew the attention of the society to the influence of epidemics of fever in checking the advance of those of cholera. The evidence from which this conclusion was drawn, though derived from India, Europe, and the intermediate countries, and extending over the period from 1817 to 1865, was imperfect and fragmentary in many instances ; and, from the want of statistical details, did not permit of the fever and cholera fields being defined so accurately as to illustrate this question in the most striking manner in all cases, though in the epidemic of 1864-65 in India, and in its progress toward Europe, this was made out satisfactorily.

The conclusion arrived at, from the consideration of all the evidence, was, that when a cholera epidemic approached a district in which fever was epidemic, cholera did not become general and frequent within the fever field until the epidemic force of the latter was broken ; and, *vice versa*, fever, as an epidemic, did not penetrate a cholera field until the epidemic force of that gave way. Sporadic cases of either disease, or even groups of cases, were often met with a long way within the limits of the field of the other ; but they never became numerous until the epidemic force of the prevailing disease was much abated.

It was clearly desirable to test this question by the details contained in the statistical reports for this country, which now embrace the cholera epidemics of 1849, 1854, and 1866 for England and Wales, and that of 1866 for Scotland. I have now done this, and as the results bear out the conclusion previously announced, they may prove interesting to the Society.

In testing this question the following limitations must be observed, otherwise the returns will only mislead, instead of elucidating the question at issue. Thus, though cholera will not become epidemic in a fever field while the latter disease retains its force as an epidemic, yet as that may subside in a few months, or even weeks, and its place be taken by cholera, it becomes necessary that the returns be taken for periods sufficiently short to bring out this sequence ; those embracing a whole year might merely show that both forms of disease had been unusually prevalent within the year, a result quite compatible with the relations of these epidemics just mentioned, though at first apparently opposed to them.

Secondly, as the sequence may occur at various points in succession in an extensive district, and from first to last these local changes may occupy a considerable period, it is requisite, when this has occurred, that the course of the diseases be investigated in each instance for a locality so circumscribed that the change had taken place about the same time over the whole.

In England the returns of deaths for London alone present the requisites just mentioned; they have been published, with the diseases in detail, for each quarter. The population is so large as to offer a fair average, and the locality is sufficiently circumscribed. But even with these there is another distinction to be drawn before they can be applied to this investigation. The deaths from all varieties of fever up to 1868 were included under one denomination, and it is necessary to separate the enteric and infantile remittent from typhus and the other forms; for, as will be seen hereafter, these prevail at different seasons, and the enteric may actually increase along with cholera, which corresponds with it as to its season of augmentation, and apparently also in some of its immediate exciting causes.

To apportion the deaths from fever in London to its various forms, I have assumed the admissions from typhus and the enteric form at the Fever Hospital, for the corresponding quarters of the same years, afford a fair view of the relative prevalence of these in the district at the time. Dr. Murchison's statistics show the mortality from typhus and enteric fever to have been very nearly in the same ratio as the admissions, and further, that very few deaths occurred in the Fever Hospital from other forms than these. It seems reasonable, therefore, to conclude that if the total deaths from fever in London be assigned to typhus and enteric in the ratio of the admissions from each, a fair approximation as to the relative prevalence of these within the metropolitan area will be obtained. The expedient is not altogether unobjectionable, but there are no other means of arriving at even an approximate result.

Since 1869 the returns of the Registrar-General give the deaths from fever under the heads of Typhus, Enteric, and Simple Continued fever, and the relative numbers under each differ so much from the result obtained at the Fever Hospital, that they may raise a doubt as to the trustworthiness of the method I have adopted. There seems to be a serious fallacy, however, in the manner in which the deaths among the general population are reported; for, while at the Fever Hospital, where, undoubtedly the diagnosis was more precise than elsewhere, simple continued fever was not frequent, and a death from it scarcely met with, in the metropolitan district, and in the country generally, the deaths so returned are numerous, equalling, or even exceeding, those from typhus. If the deaths from typhus and simple continued fever for 1869-70-71 be taken together, and those from enteric fever by themselves, the former give a mean ratio of 3.42 per 1000 living; and the latter 3.03, and these, though smaller, bear nearly the same relation to each other that the admissions at the Fever Hospital did from 1850 to 1859.

The monthly returns of the Registrar-General for Scotland give the deaths from fever in each of the eight principal towns, and also specify in the aggregate the different forms under which they were registered. In the annual report the returns for the same towns are given for the year, and fevers are there classed under the heads of Typhus, Enteric, Relapsing, Simple continued, and Infantile Remittent. Placing the typhus, relapsing, and simple continued forms together, and the enteric with the Infantile remittent, I have been able from the two sets of returns alluded to to calculate the ratios per 10,000 living for each of these classes of fever in the respective towns for each quarter of 1866. The results may not be absolutely accurate, but they give a very close approximation to the truth.

The following table gives the mortality from the two classes of fever for each quarter in London in the form of the annual ratio per 10,000 living for these periods, and that from cholera of all kinds is added :—

Year	TYPHUS.				ENTERIC FEVER.				CHOLERA.			
	1st quarter.	2nd quarter.	3rd quarter.	4th quarter.	1st quarter.	2nd quarter.	3rd quarter.	4th quarter.	1st quarter.	2nd quarter.	3rd quarter.	4th quarter.
1848	14.3	14.1	10.6	7.2	2.5	1.8	5.3	8.8	2	3	2.7	8.4
1849	9.5	6.4	4.4	2.2	2.8	2.7	8.3	7.8	9.0	4.7	225.3	8.7
1853	8.0	9.2	5.6	5.9	3.0	2.0	4.1	6.1	1	2	2.2	11.8
1854	6.4	9.8	4.8	3.8	3.2	1.5	6.2	7.7	1	2	155.1	15.7
1855	5.7	5.4	5.5	6.4	3.5	2.7	4.8	3.2	2	1	1.7	3
1856	10.4	10.9	6.7	7.5	8	7	2.2	2.0	1	1	2.0	...
1865	11.9	8.4	6.1	8.2	6	9	2.9	4.2	...	4	1.8	3
1866	9.0	7.0	5.3	5.5	2.0	1.8	2.1	2.6	1	3	62.1	11.0
1867	6.2	5.5	4.7	5.6	1.1	1.2	1.9	1.9	1	1	2.6	3
1868	5.8	5.5	6.3	8.2	8	9	2.6	1.9	1	5	3.4	1

The deaths from fevers generally in London during the twenty years 1850-69 were in the annual ratio of 8.99 per 10,000 living, or in round numbers 9 in 10,000; and separating these into two classes according to the admissions into the Fever Hospital as already explained, 5.65 is obtained as the ratio for the typhus group, 3.34 as that for the enteric. The mortality from enteric fever seems to have fallen considerably in 1862, and to have remained low with occasional exceptions since; but as the returns for the three years 1869-72 for London give a mean annual ratio of 3.02, that for the twenty years preceding—3.34—may be taken as a good approximation.

In 1846 a wave of cholera was experienced in Western India, at Kurrachee and as far east as Aden and Mecca. This embraced Diarbekir to the north and Aleppo to the west in the course of the year. In 1847 the disease overspread European Russia as far as Moscow, and in 1848 extended to St. Petersburg and Finland, but it was not before October that the malignant form of the disease disappeared in Western Europe, in

Bergen in Norway, and in this country. While this wave was pursuing its course, a wave of fever, which first attracted attention in the Eclair near Sierra Leone in 1845, passed northwards along the West Coast of Africa. This was met with in the Mediterranean at Teneriffe in 1846, in this country and Sweden and in Sillesia in 1847, and continued in these places into 1848. But for this fever it is probable we should have had the epidemic of cholera in the third quarter of 1848, the same year as it prevailed at St. Petersburg, and corresponding with the epidemics of 1854 and 1866.

In the fourth quarter of 1847 the mortality from fever of all descriptions in London was in the annual ratio of 23·5 per 10,000 living. In Table 1 the annual ratio per 10,000 from the typhus group is shown to have been 14·3 in the first quarter of 1848, and it fell to 7·2 in the fourth quarter. The ratio of enteric fever was low the first two quarters of 1848, but it increased to 5·3 in the third, and to 8·8 in the fourth, and with this there was an increase of cholera. In the first quarter of 1849 the typhus group caused a mortality of 9·5 per 10,000, from this, however, it fell through each succeeding quarter to 2·2 in the fourth. Enteric fever was little more frequent the first two quarters of 1849 than it was the previous year; it rose to 8·3 in the third quarter—three times more than the previous one—and remained nearly as high the fourth. Coincident with this increase of enteric fever was the great outbreak of cholera, which attained an annual ratio of 225·3 in the quarter. Here it is obvious that while the mortality from the typhus group of fevers in the third quarter of 1848 was 10·6 (nearly twice the annual average), there was little cholera; but in 1849, when in the same quarter it was 4·4 only, which is less than the average, a severe epidemic occurred. The great increase of enteric fever in the quarter is also deserving of notice.

In 1852 cholera was again at St. Petersburg, and in 1853 it was prevalent from Moscow to Holland south of Baltic, and in Finland, Sweden, and Norway to the north of it. In August of this year it appeared in England in the malignant form, but, except at Newcastle, with no great severity.

In 1854 another epidemic, which had been experienced the previous year along the coasts of the Mediterranean and in Southern Europe, invaded the British Islands and Northern Europe, and was experienced with considerable severity in London. It will be seen in Table 1 that the mortality from the typhus group of fevers was high in the first two quarters of 1853, but that in the third and fourth it was 5·6 and 5·9 respectively, or just above the mean for the twenty years. Enteric fever was below the mean for the first two quarters, but rose to 4·1 the third and to 6·1 the fourth; and coincident with these there was a mortality from cholera of 2·2 and 11·8 respectively, in 1854 the typhus group rose to 9·8 in the second quarter, but the following one fell to 4·8 which is below the mean for the twenty years. Enteric fever, which stood at 1·5 in the second quarter, rose to 6·2 the third, and to 7·7 in the fourth. The rise in the third quarter was accompanied by a mortality of 155·1 from cholera, which declined to

15·7 the following one. Here, as in 1848-49, with the mortality from the typhus group above the mean, there was little cholera, though when below it a considerable epidemic showed itself.

In 1855 another epidemic of cholera was experienced in the south of Europe, from Constantinople to Lisbon, and it embraced Stockholm and Moscow in 1856, and was so severe at the latter that the coronation of the Emperor of Russia was postponed. This epidemic was scarcely perceptible in this country. At London, as will be seen by Table 1, the typhus group of fevers caused about the mean amount of mortality in each quarter of 1855; but in 1856 it stood at 10·4 and 10·9 in the first two quarters, and at 6·7 and 7·5 the following two, all of them considerably above the mean. Enteric fever, which reached 4·8 the third quarter of 1855, was very low in the first two quarters of 1856, and in the third reached 2·2 only; and the cholera mortality the same quarter was 2·0. In this instance, though cholera was epidemic over a large extent of Europe in 1856, the immunity of London coincided with an unusual prevalence of the typhus group of fevers, exactly as in the early-months of 1848; while on the other hand the enteric form did not present that large increase in the third quarter found in 1848, 1849, and 1854.

In 1865 another epidemic of cholera spread through the Mediterranean, and passed to the north gradually over Europe. In 1866 it reached this country, and was by far the least severe of the four epidemics which have been experienced here. In London the typhus group of fevers caused a mortality of 11·9 in the first quarter of 1865, which declined to 6·1 in the third, but rose again to 9·0 in the first quarter of 1866, from which it declined to 5·3 and 5·5 in the third and fourth. Enteric fever, which was very low in the first two quarters of 1865, rose to 4·2 in the fourth; but during 1866 the lowest ratio was 1·8 in the second quarter, and the highest 2·6 in the fourth. In 1865 there was very little cholera, but in the third quarter of 1866 an epidemic giving an annual ratio of 62·1; and, but for the circumscribed outbreak in East London, this would have been materially less. Here, again, we find the typhus group of fevers below the mean before cholera prevailed as an epidemic, as in the previous instances.

It will be remembered there was an epidemic of cholera affecting parts of the shores of the Mediterranean and south of Europe in 1867, and that during the summer of 1868 the frequency of sporadic cases of a malignant form attracted attention, both in this country and in the neighbouring parts of the Continent. The annual mortality attributed to cholera in England, which in 1867 was 43 in 1,000,000, in 1868 rose to 70, and in London that of the third quarter of the former year was 2·6 in 10,000, while in the corresponding period of the latter it amounted to 3·4. This fluctuation, though small, affords unequivocal evidence of the progress northward of the same pandemic influence which was experienced over the Mediterranean the previous year. That it was not more developed in London may have depended to a considerable extent on the increase of the typhus group of fevers. These, during 1867 and the first two quarters of 1868, had

fluctuated about the mean, but in the third they rose to 6·3, and the following one to 8·2. Enteric fever was much below the average during 1867 and the first two quarters of the 1868; in the third it rose to 2·6, coincident with the increase of cholera.

A remarkable relation between the mortality from enteric fever and that from cholera in the three epidemics may be here noticed. Thus, in the third quarters of 1849, 1854, and 1866 the ratios of deaths from enteric fever were 8·3, 6·2, and 2·1 respectively, and those from cholera 225·3, 155·1, and 62·1, bearing nearly the same proportion to each other.

Table II.—The Annual Ratio of Mortality from the Typhus and Enteric Groups of Fevers, and from Cholera, in each Quarter of 1866, in the Eight principal Scotch Towns.

Town.	TYPHUS.				ENTERIC.				CHOLERA.			
	1st quarter.	2nd quarter.	3rd quarter.	4th quarter.	1st quarter.	2nd quarter.	3rd quarter.	4th quarter.	1st quarter.	2nd quarter.	3rd quarter.	4th quarter.
Edinburgh	14·8	11·3	9·9	8·4	6·1	4·4	3·9	6·0	...	0·3	2·5	31·2
Leith ...	9·5	8·3	6·7	7·1	6·2	5·2	3·8	10·7	...	1·1	30·5	70·7
Dundee	33·7	22·3	17·0	10·8	7·6	5·0	3·7	3·8	...	...	6·6	39·3
Aberdeen	19·6	12·1	5·6	4·3	12·0	7·2	3·0	4·8	...	...	2·7	31·6
Perth ...	8·1	13·8	10·4	6·1	2·2	3·9	2·8	2·7	...	...	1·5	23·6
Glasgow	19·1	14·4	11·1	11·7	4·9	3·9	2·9	5·2	...	0·6	1·8	6·3
Paisley	37·2	23·0	17·8	21·5	5·4	2·9	2·3	4·6	...	...	1·0	7·1
Greenock	8·4	11·2	14·9	25·4	0·8	1·2	1·8	5·5	...	...	0·8	10·8

During the early months of 1866 there was a greater tendency to cholera in Scotland than usual, so that up to May (inclusive) from three to four deaths occurred from it monthly; in June they amounted to fourteen, and in July to thirty-four, but the Medical men and authorities of the localities where it manifested itself continued to designate it autumnal or British cholera. The subsequent progress of the disease, however, left no doubt as to its nature. The epidemic displayed its greatest force along a limited portion of the east coast, embracing the counties of Haddington, Edinburgh, Fife, Forfar, Kincardine, and Aberdeen. As the distance from the east coast increased, the severity of the epidemic diminished. The first four towns in the table, lying nearly north and south, are all in the districts where the disease was felt most severely; the other four are each more to the westward in the order in which they are inserted. The prevalence of the different forms of fever and of cholera each quarter in these towns will afford a good view of how far the diminished force of the latter epidemic was associated with the prevalence of the former.

Fever was very fatal in Scotland in 1865, and it continued frequent in 1866, though, with some exceptions, its force diminished as the year advanced. In Edinburgh the annual ratio of the typhus group for the first quarter was 14·8 and it declined to 8·4 in the fourth; the ratio for the

enteric group was 6·1 in the first quarter, which declined to 3·9 in the third but rose again to 6·0 in the fourth. Cholera appeared in the second quarter ; in the third there was a ratio of 2·5, which advanced to 31·2 in the fourth. In Leith the typhus group stood at 9·5 in the first quarter, and declined to 7·1 in the fourth ; the enteric group, as in Edinburgh, descended from 6·2 in the first quarter to 3·8 in the third, and rose again to 10·7 in the fourth. Cholera attained its greatest force in Leith, the ratio being 1·1 for the second quarter, 30·5 for the third, and 70·7 for the fourth. In Dundee fever was more than twice as prevalent as in Edinburgh in the first quarter the ratio being for the typhus group 33·7, but it fell to 10·8 in the fourth ; the enteric form, which stood at 7·6 in the first quarter, fell to 3·7 in the third, and remained about the same in the fourth. There was a ratio of 6·6 of mortality from cholera in the third quarter, and of 39·3 in the fourth. In Aberdeen the ratio of mortality from the typhus group in the first quarter was 19·6, which declined to 4·3 in the fourth ; the enteric group gave a ratio of 12·0 in the first quarter, which fell to 3·0 in the third, and rose again in the fourth to 4·8. Cholera presented a mortality of 2·7 and 31·6 in the third and fourth quarters, being almost identical with those for Edinburgh. In Perth the mortality from the typhus group of fevers was 8·1 only in the first quarter ; it rose to 13·8 in the second, and fell again to 6·1 in the fourth. The enteric group was low throughout, though with a slight rise in the second quarter. Cholera caused a death-rate of 1·5 in the third quarter, and of 23·6 in the fourth, which is less than in either of the four preceding instances. In Glasgow the typhus group stood at 19·1 in the first quarter, it fell to 11·1 in the third, and remained at 11·7 in the fourth ; the enteric forms fell from 4·9 in the first quarter to 2·9 in the third, and rose again to 5·2 in the fourth. Cholera, which manifested itself in the second quarter, caused a mortality of 1·8 in the third, and of 6·3 only in the fourth. In Paisley the typhus group of fevers presented much the same character as in Dundee in the first three quarters, having fallen from 37·2 in the first to 17·8 in the third ; but instead of falling still further to 10·8, as at Dundee, in the fourth, it rose to 21·5. Enteric fever, which stood at 5·4 the first quarter, descended to 2·3 the third, but was doubled in the fourth. Cholera here gave ratios of 1·0 and 7·1 only in the third and fourth quarters. In Greenock fever was not very active in the commencement of the year, the typhus group presenting a ratio of 8·4 only, but it went on increasing to the fourth, when it reached 25·4 ; the enteric forms rose from 0·8 in the first quarter to 5·5 the fourth. Cholera gave ratios of 0·8 the third quarter and 10·8 the fourth.

To sum up these results, it is to be remarked that at Edinburgh, Dundee, and Aberdeen, the frequency of the typhus group of fevers diminished from the first quarter to the fourth ; at Perth, where they were higher in the second quarter than in the first, the same decline took place ; and at Leith, where the mortality from this group was lower, it fell to the third quarter, and then presented a very slight advance. It is obvious, therefore, that the epidemic force of fever in these towns, and, presumably, in the districts

around them, diminished largely towards the end of 1866, and over this portion of the country cholera then attained considerable development. In Glasgow and Paisley the intensity of the febrile epidemic also diminished from the first to the third quarter of 1866, but in the fourth it increased somewhat at Glasgow, and considerably at Paisley; while at Greenock, where the typhus group had been comparatively low in the early part of the year, it went on increasing to the end, showing an increase of epidemic influence towards the end of the year in that vicinity, and concurrent with this increase there was a very small development of cholera only. It is worthy of remark, too, that while at Edinburgh, Leith, and Aberdeen an increased ratio of mortality from enteric fever accompanied the epidemic of cholera, at Glasgow, Paisley, and Greenock a similar increase, under the adverse influence of greater epidemic force in the typhus group, was attended with much less cholera. The results for the principal Scotch towns in 1866, therefore, are to the same effect as those from the three epidemics of 1848-49, 1853-54, and 1866 in London, and they bear out the general position laid down at the commencement of this paper.—*Medical Times & Gazette.*

Correspondence.

"SPECIFIC FOR DYSMENORRHŒA."

To the Editor, *Calcutta Journal of Medicine.*

DEAR SIR,—You have often in the pages of your Journal insisted upon investigations into the physiological and therapeutic properties of *indigenous* drugs. But it does not appear that any member of the Native branch of the profession has yet responded to your appeals. Rai Kanai Lal Dey Bahadur appears to me to be the only medical man who has done any thing towards that laudable object, and without detracting an iota from his merits, I may say that his labors have not yet gone beyond that of a *compiler*. He has not, I believe, added one single *new* drug to the Pharmacopœia. On reading an article in the *Indian Medical Gazette* for July "On Oolut Kombol in Dysmenorrhœa by Bhoobun Mohun Sircar," I at first thought, that the Baboo has discovered a *new* remedy, if not a specific, for this troublesome disease, but I immediately recollected, and on turning back the pages of the same Journal, found that, in the No. for September 1867, is contained the Report of the July Meeting of the Bengal Branch of the British Medical Association, in which it is stated that Babu Surjee Coomar Sarbadhikary read a paper at that meeting on dysmenorrhœa, in which among other things he said :— "A native remedy, the bark of the root of Oolut Kumbul (*Aroina rugosa*, N. O. Sterculiaceæ) was often successful in these cases, when they had resisted all other forms of treatment. It is given in scruple doses with the same quantity of pepper (*gol marich*) every day for two months, at the end of which time it generally brings on menstruation (*sic*)." Babu Surjee Coomar had also stated that he had tried tincture of Oolut kumbul without success.

Thus, Mr. Editor, you see that Oolut Kumbul was spoken of as a remedy for dysmenorrhœa long before Babu Bhoobun Mohun Sircar gave it out to the public, and two years before the "prophecy" of his "lady doctor" was fulfilled, which was, according to his own statement, "in June 1869." Here I would notice a strange inaccuracy in Babu Bhoobun Mohun's paper. He says he has been employing the drug "now for some *twelve* years," and yet, according to his own story, he first became acquainted with it only a month before June 1869, which makes his whole experience to consist of three years only. But admitting that his experience had extended over twelve years, it is not easy to believe that he had so large a number as five *hundred* cases of dysmenorrhœa to treat "with the most beneficial results," invariably no doubt. I would take leave to ask our worthy colleague, if, in each of these cases, "a single administration cured the disease and brought on conception."

Yours, &c.,

OMES CHUNDER MITTER.

THE SAME.

DEAR SIR,—I am grieved to see some of our brethren degrading themselves and the profession by advertisements and puffs which appear to me to be downright quackery. The other day, not long ago, one U. C. K. wrote in the *Indian*

Mirror "that he has found out a plan of treating cholera which is as sure as quinine is in fever," but he would not reveal it, though repeatedly requested to do so for the benefit of humanity both by the Editor of that Paper and by one of its Correspondents.

Again, who is not pained to see another graduate of our College, a well-known practitioner, Babu Bhoobun Mohun Sircar, advertising as follows, under the guise of Messrs B. M. Sircar & Co. !—"The Specific for Dysmenorrhœa. A single administration generally cures the disease and brings on conception. Only to be had from B. M. Sircar & Co. For particulars apply to Dr. Bhoobun Mohun Sircar." It would be a slur upon Babu Bhoobun Mohun Sircar's professional knowledge and practical experience, if we were to believe that he believes in "Specifics for dysmenorrhœa." True, dysmenorrhœa is essentially painful menstruation, but does it always depend upon one and the same cause ? Are there not purely nervous, purely inflammatory, purely mechanical forms of the disease ? and may there not be a mixture in varying proportions of two or more of these conditions ? May it not depend upon organic lesions of the uterus and even of other organs ? Is it possible that one drug can cure a disease which happens to be called by one nosological name, but which arises from so many different causes ?

Again, it would appear from his way of advertising that the advertiser has *discovered* the specific, and that he alone is acquainted with its "marvellous" properties. This is also the impression which is left upon the mind after reading his article in the *Indian Medical Gazette* for July last. But if you take a little pains, Mr. Editor, you will find in the same Journal (Sept. 1869) Babu Surjee Coomar Sarbadhikary is reported to have spoken of the drug as a remedy for dysmenorrhœa. You will also find it mentioned, three years ago, in a Bengali Medical Periodical, named *Chikitsa-Sangraha* (Vol. I. No. 3), where you will find the editor modestly stating that he has seen several cases of dysmenorrhœa cured by the drug in question, and in *some* of these cases he has seen conception brought on after the cure of the menstrual disorder. The fact is *ulat kambal* is not a new, but a well-known domestic remedy, and as far as my experience goes, far from *invariably* curing the disease, it has not even been generally successful. And the reason is obvious.

L. M. S.

WE have to tender our best thanks to the Editors of the following Periodicals for regularly exchanging with us:—

The Indian Medical Gazette.

The British Journal of Homœopathy (H. Turner & Co., London).

The Monthly Homœopathic Review (H. Turner & Co., London).

The United States Medical and Surgical Journal.

The American Homœopathic Observer.

The Western Homœopathic Observer.

“*The Homœopathic Sun.*” (We have not received this Journal for a long time past.)

The American Homœopathist.

The American Journal of Homœopathic Materia Medica.

The New England Medical Gazette.

El Criterio Medico (Madrid).

La Reforma Medica (Madrid).

La Homœopatia (Bogota).

The Indo-European Correspondence.

The Hindoo Patriot.

The Bengalee.

The Indian Mirror.

The National Paper.

The Bengal Times (formerly *The Dacca News*).

Native Opinion (Bombay).

The Englishman : Saturday Evening Journal.

The Indian Daily News.

The Soma Prakashā (Bengali).

The Education Gazette (Bengali).

The Abulā Bandhara (Bengali).

The Bamabodhini Patrika (Bengali).

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THE
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VOL. V.] Sept. & Oct. 1872. [NOS. 9 & 10.

THE MATERIA MEDICA.

26.—CARBO VEGETABILIS.

We take the following from Pereira on the *Properties, Characteristics and Composition of Vegetable (wood) Charcoal* :—

Properties.—Wood charcoal is black, odourless, and insipid. It has the texture of the wood from which it has been obtained. It is brittle, and may be easily pulverised, especially when hot. Though a very bad conductor of heat, it is an excellent conductor of electricity. It is insoluble, infusible, and incapable of volatilization. Its specific gravity varies according to the substance from which it has been obtained. A remarkable property possessed by it is that of abstracting certain substances (such as hydrosulphuric acid, organic colouring principles, various odorous matters, &c.) from liquids in which they are dissolved, or through which they are diffused. Another curious quality is that of condensing within its pores a certain quantity of any gas with which it may be placed in contact. Thus one volume of boxwood charcoal absorbs 1·75 volumes only of hydrogen gas, but 90 volumes of ammoniacal gas. Some of the properties now mentioned (as that of decolorising) are possessed, in a more eminent degree, by animal charcoal.

Characteristics.—By combustion in oxygen gas, wood charcoal yields carbonic acid gas,—a property by which it is shown to consist of carbon.

Its texture and appearance, as well as the nature of the ashes which it leaves behind when burnt, serve to distinguish it from other forms of carbon.

Composition.—The following is the composition of charcoal obtained from different woods, according to the experiments of Berthier :—

	Poplar.	Maple.	Ash.	Fir.	Alder.	Birch.	Oak.	Hazel.
Carbon ...	85·6	85·2	83·2	90·3	90·2	88·1	88·0	87·7
Calcined Ashes ...	1·0	1·0	1·8	2·2	1·8	1·9	2·0	2·0
Volatile Matter...	13·4	13·8	15·0	7·5	8·0	10·0	10·0	10·3
Charcoal ...	100·0	100·0	100·0	100·0	100·0	100·0	100·0	100·0

Wood ashes consist of soluble alkaline salts and of insoluble matters. The alkaline salts have for their base potassium and sodium : they contain (or yield) carbonic, sulphuric, and hydrochloric acids, a little silica, and sometimes a trace of phosphoric acid. The insoluble matters contain carbonic and phosphoric acids, silica, lime, magnesia, and the oxides of iron and manganese. The quantity of carbonic acid is never sufficient to saturate both the alkalis and the earths, in consequence of the heat having expelled carbonic acid from the earthy carbonates.

Old School Uses : Charcoal is used both *externally* and *internally*. Its chief use, however, is as an *external* application, in the form of powder or poultice, to gangrenous or phagedenic ulcers, to act as a disinfectant and antiseptic. Its *antiseptic* properties have been, we think, very correctly questioned by Dr. Stenhouse, according to whom it is the very reverse of an antiseptic, inasmuch as it “greatly facilitates the oxidation, and consequently, the decomposition, of any organic substance, with which it is in contact.”

Internally, it has been used chiefly in disorders of the alimentary canal, attended with flatulency, and foetid and offensive secretions. Thus it has been used, and used with advantage, in dyspepsia dependent upon acidity of the stomach, or excessive secretion of the organ, or fermentation in it ; in diarrhoea and dysentery with flatulency or even tympanitis, with foetid discharges. It has even been used in cholera and intermittent fevers, no doubt on theoretical grounds, but occasionally with advantage. “Dr. Daniel, of Savanna, has recommended it in obstinate constipation, and in the nausea and confinement of the bowels which frequently attend pregnancy.”

The question arises, have these benefits flowed from the mechanical, chemical, or dynamic properties of charcoal? The experiments of Dr. Madden, related in the *British Journal of Homœopathy* (Jan. 1869) have, we believe, set this question at rest. He took for some time "two large heaped tea-spoonfuls of charcoal, carefully mixed in a wine-glassful of water, at bed-time," and the results are embodied in the following summary:—

1. Charcoal appears in the stools within eight hours of being swallowed.
2. It is never discharged in masses or nodules, but is always intimately blended with the feces.
3. It causes a marked increase in the amount of mucus passed with the feces, the mucus being perfectly black from entangled charcoal.
4. All traces of charcoal disappear from the stools in about thirty-six hours after taking a dose; and this is the case whether one single dose has been taken, or a continued daily dose for some weeks; in both instances the whole seems to be cleared off in about thirty-six hours.
5. On examining the tongue and interior of the mouth, I found that the fine powder was deposited upon the mucus membrane, and the water in which it had been suspended was speedily absorbed. In this condition it was at first difficult to scrape off completely, but it soon became loosened and entangled in the extra mucus secreted, and in this way was washed down the throat, and the mucus membrane left unusually clean.
6. The physiological effects I observed were a marked increase of tone in a naturally very weak stomach, an increase of appetite, or a return of appetite at shorter intervals, and a capacity for digesting certain articles which for many years had invariably caused acidity and flatulence.

It is a pity Dr. Madden has not specified the "certain articles" of food which under charcoal could be digested, but "which for many years had invariably caused acidity and flatulence." From the effects narrated above he draws the following conclusions:—

1. When finely powdered charcoal is taken carefully suspended in water there need be no fear of any accumulation of the substance taking place in the intestines.
2. That the chief and most important action of vegetable charcoal is as a *detergent of the mucus membrane* thus sweeping off the accumulated mucus which Dr. T. K. Chambers has so well pointed out as a most frequent cause of slow digestion. This it effects in the following way: the insoluble powder is deposited in and upon the mucus, and then, acting as a mechanical stimulant, it causes an increased flow of thin fluid, which being poured out between the membrane and the adherent mucus, dislodges it and washes it off.
3. The disinfectant properties and its capacity for absorbing gases also take part in the beneficial action of this substance.
4. The specific dynamic effect of such portions as have been sufficiently minutely subdivided to admit of absorption must be also added to the account.

These are important conclusions and legitimately flow from the observed effects of crude charcoal. They show that we can use charcoal in the crude form and in massive doses in certain diseased conditions which can never be expected to be benefited by dynamized or attenuated charcoal. They show that the benefits obtained by the old school from the use of massive doses of drugs are not always to be attributed to their dynamic, or in other words, their homœopathic effects, as is too often imagined by members of the new school; that these benefits being real, and distinct from those that are derivable from infinitesimal doses, should not be forgotten and ignored, that, on the contrary, we should never scruple to avail ourselves of them in hours of necessity, and when experience positively points to their availability. Well has Dr. Madden said, "in examining the effects of allopathic treatment by massive doses of any drug, it may be as well to inquire into all the various circumstances of its action and not too hurriedly to conclude that the dynamic powers of the drug in question are the sole and only factors in the results obtained."

Concordances.

Moral and intellectual faculties.—Acon. anac. aur. BELL. bry. calc. cham. cocc. ignat. lyc. n-vom. phosph. puls. rhus. sulph. veratr.

Seat of the diseases.—Acon. alum. amm. ant-tart. arn. ars. asaf. atr. bell. bry. calc. canth. carb-an. caust. cham. chin. clem. cocc. con. creos. dulc. graph. hep. ignat. kali. led. LYC. MERC. natr. natr-mur. NITR-AC. N-VOM. petr. PHOSPH. ph-ac. plumb. PULS. ran-bulb. rhodod. rhus. sabad. SEP. SIL. STAPH. SULPH. thuja. veratr.

Morbid states and sensations.—Acon. ambr. arn. ars. bar. bell. bry. CALC. canth. carb-an. caust. cham. chel. chin. cocc. con. creos. dulc. ferr. GRAPH. ignat. kali. laur. LYC. merc. mezer. natr. natr-mur. nitric-ac. N-VOM. op. petr. phosph. ph-ac. plat. PULS. ran-bulb. rhodod. RHUS. sassap. seneg. SEP. sil. spig. spong. stann. staph. stram. SULPH. veratr. zinc.

Glands.—Arn. BELL. bry. carb-an. graph. LYC. merc. phosph. puls. sulph.

Bones.—Asaf. merc. ph-ac. ruta. sulph.

Skin.—Ant-tart. ars. asaf. bell. bry. calc. carb-an. caust. chin. clem. con. creos. graph. hep. ipec. kali. lach. LYC. merc. mezer. nitric-ac. n-vom. petr. phosph. ph-ac. puls. RHUS. selen. sep. SIL. staph. SULPH. veratr.

Sleep and dreams.—Bell. bry. calc. graph. ignat. kali. merc. n-vom. phosph. PULS. rhus. SEP. sil. sulph.

Pyrosis.—ACON. arn. ars. bell. bry. calc. cham. chin. cocc. cupr. hep. ignat. ipec. kali. lyc. merc. natr-mur. nitric-ac. n-vom. op. phosph. ph-ac. puls. RHUS. SEP. sil. stann. stram. SULPH. VERATR.

Time.—Calc. lyc. natr. natr-mur. n-vom. phosph. puls. rhodod. rhus. sabad. sep. staph.

Exacerbations.—*Ars. bell. bry. CALC. caps. carb-an. caust. cham. chin. cocc. colch. con. euphorb. ferr. graph. hep. ignat. kali. lach. LYC. merc. natr. natr-mur. nitr-ac. n-vom. PHOSPH. ph-ac. PULS. rhus. selen. SEP. SIL. spig. staph. stram. SULPH. veratr.*

Concordances in general.—*Acon. arn. ars. asaf. aur. BELL. bry. CALC. carb-an. caust. cham. chin. cocc. con. creos. graph. hep. ignat. kali. lach. LYC. MERC. natr. natr-mur. nitr-ac. n-vom. petr. PHOSPH. ph-ac. PULS. rhodod. RHUS. sabad. SEP. sil. spig. staph. stram. SULPH. veratr. zinc.*

Antidotes.—*Ars. camph. coff. lach. spir-nitr. dulc.*

Hahnemann's Preface.

Any kind of good charcoal may be used as a remedial agent, when duly prepared according to the rules which I have laid down in the first volume. In my trials I have partly used charcoal from birch, partly from red beach.

Carbo veg. has been considered non-medicinal and powerless by physicians. The charcoal from linden-wood has sometimes been employed as an ingredient in the powders against epilepsy, upon mere empirical grounds, without any proof for the efficacy of that substance. It is only lately, when the chemical properties of the vegetable charcoal, especially the power which it possesses to remove the bad smell from putrid and decayed substances, and to protect liquids from that smell, had been discovered by *Lowitz* at Petersburg, that physicians have employed charcoal externally, for the purpose of removing effects, (iatro-chemically.) They used it as a mouth-wash when the mouth smelled badly, or they applied it to old, fetid ulcers, and the smell disappeared almost instantaneously. When taken internally, in doses of 8 or 12 grains, charcoal removed the fetid odor of the fæces in the fall-dysentery.

This use of the vegetable charcoal was merely chemical, not dynamic, and penetrating into the inmost substance of the vital forces. The bad smell of the mouth or ulcer, and of the fæces in dysentery returned in a few hours.

When administered in the form of a crude powder, charcoal can only act chemically. A pretty large quantity of crude charcoal may be swallowed without causing the slightest change in the functions of the organism.

There are many remedial agents which, in their crude form, appear non-medicinal and powerless. Their medicinal virtues are latent and can only be properly elicited by triturating the medicinal substance together, with a non-medicinal vehicle, such as sugar of milk, thus mixing one with the other, and afterwards dissolving the powder

in alcohol and preparing the dilutions by means of succussion, as has been taught in the first volume.

Crabo veg. may be used from the decillionth down to the millionth potency, 1, 2, or 3 globules at a dose.

Arsenic, camphora and coffea cruda are used as antidotes of Carbo ; the spirits of nitre appear to be more efficient.

Carbo veg. has been found curative in the following affections :—

Anguish ; irritability ; frightfulness ; fear of ghosts at night ; peevishness ; headache brought on by an echauffement : heaviness of the head ; congestion of blood to the head ; headache with nausea ; liability of the head to cold ; pain in the eyes from over-exerting them ; burning in the eyes ; heat and pressure in the eyes ; burning and pressure in the corners of the eyes ; nightly agglutination of the eyes ; humming in the ears ; suppuration of the internal ear, and discharge from the same ; itching of the nose ; continued bleeding from the nose ; herpes in the face ; chapped lips ; bleeding of the gums ; tooth-ache brought on by taking either cold or warm substances into the mouth ; contractive tooth-ache ; gnawing tooth-ache ; gurgling tooth-ache ; chronic looseness of the teeth ; dryness or accumulation of water in the mouth ; stomacace ; roughness, (scraping) in the throat ; hawking up of a quantity of mucus from the throat ; bitter taste in the mouth ; saltish taste in the mouth ; chronic aversion to meat ; want of appetite ; excessive hunger or thirst ; empty eructations ; bitter eructations ; eructations tasting of the fat which had been taken ; regurgitation of the ingesta ; sweat when taking a meal ; acidity in the mouth after a meal ; pressure and a feeling of desolateness and emptiness in the stomach, after a meal ; morning nausea ; constant nausea ; water-brash, at night ; stitches below the ribs ; painful stitches in the liver ; stitches in the spleen ; pain as from bruises in the hypochondria ; tightness of the abdomen ; inflation of the abdomen ; pain over the umbilicus, when feeling it ; colic brought on by riding in a carriage ; excessive emission of flatulence ; thin, pale-coloured stool ; eructations of thin, light-coloured mucus ; insufficient stool ; constipation ; itching of the anus ; varices of the anus ; pain of the varices of the rectum ; bleeding from the rectum during every evacuation ; diminished secretion of urine ; frequent, anxious desire to urinate, day and night ; wetting the bed ; dark-colored urine ; pain as from excoriation during micturition ; pressing, (bearing-down) in the testicles ; too frequent pollutions ; excessive abundance of voluptuous thoughts. Too rapid discharge of semen during an embrace ; soreness and itching of the genital organs ;

itching and burning of the genital organs ; swelling of the genital organs ; too early menses ; menses too profuse ; scanty menses ; paleness of the blood during the menses ; leucorrhœa ; leucorrhœa preceding the menses ; obstruction of the nose ; watery discharge from the nose ; violent coryza ; continual hoarseness ; morning-hoarseness ; catarrh and sore throat with the measles ; asthma, oppression of the chest ; shortness of breath when walking ; dropsy of the chest ; stitches in the chest ; soreness and pain as from excoriation in the chest ; brownish spots upon the chest ; drawing pain in the back ; stiffness in the nape of the neck ; pain in the elbow when seizing a thing ; heat in the hands ; impatience in the lower limbs ; the knees go to sleep ; herpes on the knee ; cramp in the calf at night ; continual insensibility of the toes, with stitching ache as after freezing of the part ; pain in the limbs as if they had been strained or sprained ; pain in the left side of the hypogastrium, brought on by straining it ; the limbs go to sleep ; in the morning after rising, the limbs feel bruised ; throbbing in different parts of the body ; tremor ; jactitation of single limbs, by day ; ailments consequent upon an intoxication with wine, which happened the day previous ; chronic ailments consequent upon the abuse of china ; liability to catching cold ; nettle-rash ; herpes : readily bleeding, fetid ulcers upon the thigh ; great drowsiness by day ; sleep in the fore-noon ; sleeplessness on account of impatience in the body ; nightly exaltation of the fancy, and starting up from anxious dreams ; frequent flushes of heat ; coldness and chilliness of the body ; night-sweat ; morning-sweat.

The excessive effects of *Carbo* are soon alleviated by repeated smelling of Camphor, and still more certainly, by smelling of sweet Spirits of Nitre.

This drug has been proved by myself and by Drs. Adams, Gersdorff and Caspari.

Pathogenetic Symptoms.

Mind :—

Anxious, a sort of oppression of the chest, for several days.

Very much oppressed and full.

Indescribable anguish, every afternoon, from 4 to 6 o'clock.

Increasing anguish in the evening, for several hours, with heat in the face.

Uneasiness in the evening.

Uneasy the whole day.

He trembled with uneasiness and anguish, and was unable to remain at one place.

Every afternoon he trembled with uneasiness and anguish over the whole body; he felt as if he had committed a great crime; this paroxysm terminated by weeping, even in the street in the presence of strangers.

He felt in a whining mood, every thing appeared terrible to him; he felt despairing.

Extremely whining mood; he wants to blow his brains out.

She feels so unhappy, that she would like to die.

Pusillanimous and frightful.

When she is to speak in company, all her pulses begin to throb, and her otherwise pale face becomes bloated and bluish-red.

Impatient.

Great irritability.

She is over-excited, as if she had been hurried too much, or overpressed with business.

Irritability and ill humor, with mental depression.

Irritability and sensitiveness.

Very irritable, during the day, and disposed to be peevish.

Easily offended and ill humoured.

Peevish, impatient, desperate, he would like to blow his brains out.

Peevish and irritable, with obtusion of the head.

Peevish and irritable the whole day.

Violent, irritable mood.

Violent and peevish, in the forenoon.

Very peevish, irritable, and disposed to be angry.

Involuntary ebullitions of anger.

Easily offended, and whining mood.

He is very irritable and easily offended, he easily weeps about sad things, and as easily laughs on account of the least trifle, until his eyes run.

Easily offended and irritated, or readily indulging flat mirth; when laughing, the muscles of the arms and hands become relaxed.

Excessively cheerful, but easily put out.

Ill humoured after a meal.

He listens to every thing with indifference, expresses neither liking nor disliking, and attaches no meaning to what he hears.

Indolent mind, not disposed to think.

He is indifferent to music a whole day, although he loves it.

Bright spirits, lightness and feeling of general well-being, (reaction after a feeling of desolateness and emptiness in the head, such as is felt in cold, and general heaviness of the limbs and body.)

Want of memory, taking place periodically.

Sudden want of memory, he was unable to recollect what he had just been saying, or what had been told to him.

Slow flow of ideas, they constantly turn on one point, with a feeling as if the head were tied too tightly.

Sensorium:—

Obtusion dulness of the head aggravating thought.

Considerable obtusion of the head, in the morning after rising ; he finds it difficult to think, and feels as if he were in a dream from which he has to tear himself with great exertions ; the symptom went off after lying down.

Obtusion of the head for several days without any pain, obtusion of the occiput as after intoxication.

Obtusion of the head, after dinner.

Obtusion of the head, in the evening after walking.

Feeling in the occiput, as if too tight on the outside.

Dulness of the head, after waking from the siesta.

Giddiness in the head, with pressure in the forehead.

Dizziness in the head, as after intoxication, extending from the occiput towards the fore part of the head, worse in the evening, affecting the whole head, aggravated by walking.

Dizziness, cloudiness, vertigo.

The head turns, the whole day.

Vertigo, brought on by the slightest motion.

Vertigo, when moving the head rapidly.

Vertigo, he had to hold on to something.

Vertigo, with wavering, when walking.

Giddiness when walking or sitting.

Vertigo, when stooping, as if the head were reeling to and fro.

Vertigo when stooping, when turning one's-self in the bed, or when gargling one's throat.

Vertigo in the bed, after waking from sleep.

Giddy, in the evening, after sleeping, when sitting, with trembling and quivering in the whole body ; when rising from one's seat, one feels faint ; even when lying down, this sensation continues yet a quarter of an hour.

Vertigo only when sitting, as if the head were balancing to and fro.

Head:—

Head-ache, as is felt in the beginning of a cold.

Head-ache affecting the whole of the right side of the head and face, with chilliness, coldness, and tremor of the body and jaws.

Head-ache brought on by sudden changes of warmth and coldness.

(Headache from getting heated.)

Dull headache, with heaviness, in the forehead.

Dull headache in the occiput.

Headache coming from the stomach and depriving her of her senses for a short while.

Heaviness in the head.

His head feels heavy as lead.

Pain in the head, as if it were too full.

Tightness in the brain ; the head feels rather obtuse than painful.

Spasmodic tightness in the brain.

Aching in the nape of the neck, afterwards in the forehead, followed by lachrymation, and closing of the lids.

Pressure in the occiput, especially after supper.

Violent aching about and in the lower part of the occiput.

Periodical aching in the occiput.

Continued aching on the top of the head with painfulness of the hairs when touched.

Aching in the upper part of the right side of the occiput, accompanied by pressure in the eyes.

Aching of single places of the head, coming on in slight paroxysms, which go-off in a short while and seem to correspond with flatulence.

Aching in the forehead, especially close above the eyes ; these ache when moved, the whole afternoon.

Aching in the forehead going and coming.

Pressure on the top of the head, every afternoon.

Aching over and in the eyes.

Pressure in both temples and on the top of the head.

Pressure in the left temple from within outwards, for several hours.

Pressure on the top of the head, afterwards drawing in the whole of the head, especially on the left side.

Pressure and drawing in the head, in paroxysms.

Compressive headache.

Pressure, as if something were lying in the vertex, or as if the integuments were being constricted ; afterwards this symptom also passes into the forehead.

Headache as if the integuments of the head became contracted.

Headache, as if the integuments of the head became contracted, especially after supper.

Contractive pain in the head, especially during motion.

His hat presses upon his head like a heavy burden ; when taking off the hat, he nevertheless feels as if a handkerchief were tied round the head.

Violent headache for five days ; when stooping, the contents of the head felt as if they would issue from both the occiput and the forehead.

(Pain in the right side of the head when shaking it.)

Clawing and cutting headache over and behind the left ear.

Pinching pain in the occiput.

Drawing pain in various parts of the head, especially in the forehead, as far as the root of the nose.

Drawing in the whole head, making it feel obtuse ; it extends from the occiput.

Drawing and tearing in the left occiput.

Tearing drawing in the upper and anterior part of the head.

Tearing through the head, beginning at a small place in the occiput.

Frequent paroxysms of tearing pains, in the interior of the head, in the direction of the right temple.

Tearing in the left half of the head, extending from the left half of the nose.

Short, violent tearings through the whole of the left side of the head.

Dull tearing headache in the vertex and temples, in paroxysms.

Short, tearing pains in the left side of the occiput.

Tearing in the left half of the head, with drawing in the left arm.

Tearing in the temples, as far as the molar teeth.

Violent tearing in a small spot of the forehead, near the temples.

The tearing pains in the head sometimes begin in the limbs, and appear to terminate in the head.

A biting and aching in the head, like the sensation which one experiences in the nose during an unsuccessful attempt at sneezing, early in the morning on waking up, in the right half of the head upon which he had been lying, and in the occiput ; the pain abated when raising the head, it disappeared entirely when getting out of bed.

Erratic stitches into the head from without inwards, with general painfulness of the surface of the brain.

Stitches in the top of the head, brought on by reading.

Violent stitches in the upper part of the head.

Stitches in the head in the direction of the temples, from below upwards.

Stitches in the forehead above the external canthus of the right eye.

Stitching pain in the head over the right eye, occasionally.

A dull, tearing stitch into the inmost part of the brain, on one side of the head, as if a nail were being driven in.

Burning stinging in a small spot of the occiput.

Boring headache below the left temple.

Boring aching in the fore part of the head.

Jerking headache.

Violent throbbing pain in the occiput, as from subcutaneous ulceration, from morning till evening.

Beating headache, in the evening when in bed, with difficult breathing.

Beating in the temples and fulness of the brain, when waking from a deep and long siesta.

Beating headache, in the afternoon.

Pulsating pain in the forehead, after a meal, with pressure in the occiput, heat in the head, and eructations.

Congestion of blood to the head.

Congestion of blood to the head, with hot forehead and a sensation of desolateness (muddled feeling) in the head.

Violent congestion of blood to the head, attended with hot forehead and a desolate feeling in the head.

Heat and burning in the forehead.

Burning in the forehead and heat in the mouth, with pain in the eyes.

Spot upon the head of the size of a hand, which feels quite hot, attended with continued headache.

Burning and violently pressing headache, in the evening when in bed, especially on the top of the head and towards the fore part, except the forehead.

Buzzing in the head as of bees.

Cracking in the occiput as when breaking a dry straw ; when sitting.

Violent noise in the head from reading.

Scalp :—

Drawing pains in different places on the outside of the head.

Frequently repeated, short, drawing pain in the right side of the occiput.

Tearing pain on the left side of the head, over the temple.

Tearing in the right side of the occiput.

Tearing in an old scar from the cut of a sword, in the upper part of the head.

Aching of a small spot of the right side of the forehead, which had been wounded on a former occasion.

Tearing in the bones of the head.

Headache over the whole vertex, in the morning when in bed, with painfulness of the hairs when touched ; going off after rising from the bed.

Creeping in the integuments of the occiput, as if the hairs were in motion.

Great falling off of the hair on the head ; (particularly after severe illness.)

Pimples on the temples.

Red, smooth, painless pimples on different places of the forehead.

Red pimple on the forehead ; near the hair, which is painful only when touched.

Small, white blotches in the integument of the forehead.

Tightness and pressure in both temples, and on the forehead ; he is unable to keep his eye-lids open.

Eyes :—

The muscles of the eyes are painful when looking upwards.

Dull pain in the left eye ; (from sharp looking.)

Pressure in the eyes, with obtusion of the head.

Pressure in the upper eye-lids and in the upper half of both eye-balls, when taking exercise in the open air.

Intensely painful pressure on the right eye-ball from above downwards.

Pressure as of sand, in the right eye, with a feeling of soreness in the canthi.

Pressure in the eyes, as of a grain of sand, with a feeling of soreness, especially in the canthi, and with smarting in the right eye.

Smarting and pressing in the external canthus of the right eye.

Tearing and aching in the left eye.

Drawing in the right eye-lid.

Drawing over the right eye through the head.

Pain in the eye, as if it were being torn out, with headache.

Violent stitches in both eyes.

Itching around the eyes.

Itching of the margins of the eye-lids.

Itching in the internal canthus of the left eye.

Itching in the right eye, with great dryness of the lid.

Itching in the left eye, with smarting in the eye after friction, especially in the inner canthus.

Biting itching, especially in the external canthus of the right eye.

Biting in the canthus of the left eye.

Biting in the eye-lids, with some redness of the margin of the lids.

Burning in the eyes.

Inflammation of the right eye.

Swelling of the left eye.

Profuse lachrymation and smarting in the right eye.

Morning-agglutination of the eyes.

Slight twitching of the left eye-lid.

Tremor of the upper eye-lid.

At night, when she was unable to sleep, she was likewise unable to open her eyes.

He imagines that the left eye-lid has become agglutinated, which, however, is not the case.

A weight seems to rest upon his eyes ; when reading or writing he has to make a great effort, to distinguish the letters.

After exerting his eyes, he becomes short-sighted for some time.

Great short-sightedness ; he only recognises an acquaintance at a very short distance.

Twinkling before the eyes, early in the morning.

Black, flying spots before the eyes.

Rings before the eyes, the inner edge being more bright.

(Hæmorrhage from the eyes, with congestion of blood to the head.)

Ears :—

Painful straining in the left ear.

Straining in the right ear, in the evening.

Straining coming out at both ears.

Fine pinching in the left ear.

Tearing in the interior of the right ear.

Tearing pain in the groove behind the right ear.

Tearing and burning pain in the left lobule.

Tearing jerks or single stitches in the right meatus auditorius internus.

Stitches in the left meatus auditorius from without inwards.

Itching of the upper part of the ear, which afterwards becomes hot.

Itching in the ears, with inclination to lessen it by swallowing.

Violent tingling itching in the internal right ear, constantly returning after boring with the finger into it.

Itching behind the ear.

Pulsations in the ears.

Heat and redness of the left ear, every evening.

Considerable swelling of the parotid gland, extending as far as the

angle of the lower jaw.

A thick, brown substance comes out of the right ear.

Discharge of a thickish, flesh-coloured, badly smelling liquid from the ear. (Suppuration of the inner ear.)

His ears feel stopped up as if by two little bags of sand lying before the ears.

His ears feel as if a load were lying in and before his ears ; he imagines they are stopped up, but without any diminution of hearing.

Loud talking is disagreeable and painful to the hearing.

Tingling in the ears.

Tingling in the left ear, with threatening vertigo.

Fine tingling in the left ear, in the afternoon.

Roaring in the ears.

Violent humming before both ears.

Chirping in the ears, as of grass-hoppers.

Rustling in the ear as of straw, on every movement of the jaw, (when taking breakfast.)

Nose:—

Drawing in the root of the nose.

Sensation of heaviness in the nose.

Tremor of the skin and muscles, on the right side of the wing of the nose.

Formication in the nose, for two days.

Continual tingling in the left side of the nose, in the evening.

Eruptions on the wing of the nose.

White, itching pimples around the nose.

Itching around the nostrils.

Scabs on the tip of the nose.

A quantity of mucus is continually flowing out of the posterior nares.

Bleeding of the nose, at night, with orgasm of the blood.

Bleeding of the nose, every forenoon, 10 to 12 drops.

Profuse bleeding of the nose, in the morning when in bed ; shortly after pain in the chest.

Violent bleeding of the nose, which can scarcely be appeased.

Profuse bleeding of the nose for some weeks, several times a day, each bleeding being preceded and succeeded by great paleness of the face.

(Bleeding of the nose after stooping, or after straining at stool.)

Face:—

The complexion becomes grey-yellow.

Great paleness of the face.

Soreness of the facial bones, the upper and lower jaw.

Paroxysms of pain in the left side of the cheek, attended with boring and burning all through the part.

Drawing pain in the cheek for two days.

Drawing pain in the upper and lower jaws, on both sides, with drawing in the head and obtusion of the same.

Jerking pain in several parts of the face.

Jerking and drawing pain in the cheek and the jaw.

Tearing in the face.

Tearing pain in the left cheek.

Tearing pain in the left corner of the mouth, thence extending to the cheek.

Tearing jerks in the left zygoma, near the ear, in the evening when in bed.

Tearing jerks in the right upper jaw.

Fine, tearing stitch in the right cheek.

Glowing heat in the face, after sitting for a short while.

Swelling of the cheeks.

Swelling of the face near the chin, for two hours.

Many pimples on the face and forehead.

Single white pimples on both temples.

A white pimple on the lower part of the cheek.

Swelling of the lips.

Swelling of the upper lip and cheek, with a jerking pain.

Jerking in the upper lip.

Painful eruptions on the upper lip ; the vermilion border is covered with pimples.

Burning pustules below the vermilion border of the upper lip.

Eruption in the left corner of the mouth, resembling an itching tetter.

Chapped lips, (Jahr.)

The right corner of the mouth is ulcerated.

Jaws and Teeth:—

Eruptions upon the chin ;—ulcers below the jaw and in front of the ear.

Drawing, in the direction of the chin, from the right corner of the mouth.

Spasmodic pain in the lower jaw.

Tearing jerks in the left lower jaw.

Tooth-ache, with dry lips.

Soreness of the roots of both upper and lower teeth.

Tooth-ache in the incisores which are otherwise sound.

Tooth-ache as if brought on by acids, especially in the gums ; the pain comes on whenever she cuts something salt ; (or any thing warm or cold.)

Tooth-ache ; the teeth feel bloated : when touching the teeth with the tongue, they feel ulcerated ; the pain comes on again during a meal.

Clawing pain in the lower molares of the right side.

Tooth-ache in the left upper molares.

Drawing pain in a hollow tooth.

Drawing pain in an upper incisor-tooth.

Frequently recurring drawing pains in the otherwise sound teeth.

Frequent drawing in the hollow molares.

Drawing, tooth-ache, with a sensation as of biting, in the upper and lower incisores, more in the gums.

Slight drawing in the right molar teeth, attended with violent jerks.

Violent drawing jerk in a hollow molar tooth.

Drawing and tearing tooth-ache in all the molar teeth.

Gnawing and drawing pain in a hollow tooth, with swelling of the gums.

Soreness, with drawing, in the first left upper molar tooth.

Titillating stitching and drawing in the first upper left molar tooth.

Stitching pain in quite sound teeth, disappearing shortly and succeeded by a short stitching ache in the abdomen, every moment.

Bleeding of the teeth, when cleaning them.

Bleeding of the teeth and gums, when sucking with the tongue.

Frequent bleeding of the teeth and gums, for several days.

The gums are painfully sensitive when chewing.

Drawing pain in the gums.

Heat in the gums.

Soreness of the gums by day.

Swelling of the gums over a hollow tooth.

Pustule on the gums.

The gums recede from the lower incisores.

The gums recede from the incisores, their roots become exposed, (relieved by mercury.)

Receding of the gums from both the upper and lower molares, (in a young girl, relieved by mercury.)

(Chronic looseness of the teeth.)

The gums are sensitive to pain, and recede from the teeth.

When sucking the gums with the tongue, there is a taste as of blood in the mouth, and the saliva looks bloody.

When sucking the gums, pure blood makes its appearance in the mouth, in the forenoon, returning several days at the same period.

Mouth, Pharynx and Oesophagus:—

The tongue is coated white.

Tongue coated with yellow brown mucus.

Cramp-pain in the left side of the root of the tongue.

Fine, tearing pain in the right side of the tongue.

Sensitiveness and feeling of rawness of the tongue.

Stinging on the tongue.

Soreness of the right side of the tongue, accompanied by stitching pain.

Difficulty of moving the tongue, with difficulty of enunciation.

Heaviness and inflexibility of the tongue, which hinders the speech.

Heat and dryness of the tip of the tongue.

Heat in the mouth, with roughness and dryness of the tip of the tongue.

Feeling in the mouth and upon the tongue, as after copious drinking of wine in the evening.

Heat in the mouth, especially near the upper lip.

Dryness in the mouth, without thirst.

Dryness of the mouth, early in the morning.

Great dryness in the mouth, early when waking.

Increased flow of saliva.

Bitter mucus in the mouth, early in the morning.

An aching in the back part of the palate.

Aching in the fauces, close behind the palate.

Tearing and pressure in the back part of the fauces and in the left side of the root of the tongue.

Biting sensation in the back part of the fauces, as in the beginning of a cold, but more violent.

Frequent biting and burning in the fauces and palate.

Burning in the upper part of the fauces.

Burning in the fauces and the pharynx, as in a cold.

Bitterness of the palate, with dryness of the tongue.

A blister in the upper part of the palate.

(Stomacace.)

A quantity of tough phlegm in the fauces, which he has to hawk up.

Hawking up of a quantity of phlegm.

Phlegm in the fauces, tasting and smelling badly.

Violent scraping and tingling in the throat and fauces, which can only be alleviated for a short while by clearing the throat.

Scraping sensation in the throat.

Roughness and rawness of the throat, for several days.

Feeling of dryness in the throat, when swallowing.

A kind of fulness and pressure in the œsophagus, extending as far as the stomach almost like heart-burn.

Pressure in the œsophagus, even between the acts of swallowing, as if it were contracted or closed.

Sense as of the œsophagus being contracted or closed.

Sense as of contraction low down in the œsophagus.

Sense as of the throat being contracted and swollen.

Sore throat, as if there were a swelling on the palate accompanied by painful deglutition, for four days.

Difficult deglutition, but without any pain; the saliva can only be swallowed with difficulty; the food can only be swallowed with difficulty; the throat feels constricted as if by a spasm, but without any pain.

When swallowing, coughing, or blowing the nose, the fauces and the posterior nares feel sore.

Soreness of the throat, when eating.

Feeling of coldness down the throat.

Inflammation of the throat, with a sensation as if something were lodged in it, attended with stinging.

Inflammation and swelling of the uvula, with stitches in the throat. (Sore-throat after measles.)

Taste and Appetite:—

Inspid, watery and flat taste in the mouth.

Saltish taste in the mouth the whole day; (also of the food.)

Bitterness in the mouth, with eructations.

Bitter taste in the mouth, before and after a meal.

Sour taste in the mouth after a meal.

Slight appetite, and no taste, as in a cold.

Slight appetite, with heat in the mouth, and roughness and dryness of the tip of the tongue.

She cannot eat any thing in the morning; she has a good appetite for dinner, but none for supper.

The want of appetite is accompanied with a feeling of relaxation and weakness in the muscles of the extremities.

Want of appetite; he might have been without eating.

Slight appetite; she is satiated immediately; she feels qualms of sickness in the pit of the stomach, and an emptiness in the stomach, for half an hour.

Complete want of appetite, with coated tongue and great lassitude.

Want of appetite and frequent eructations, with obtusions of the head.

Diminished appetite for dinner, with nausea.

Slight appetite for dinner and some colic.

Appetite; nevertheless some food of which he used to be very fond, is disagreeable to him.

Diminished appetite for coffee. (Excessive desire for coffee.)

Repugnance to fat meat.

Repugnance to butter.

Milk is repugnant to her, and causes flatulence.

Desire for something sweet or salt.

(Excessive hunger or thirst.)

(Great weakness of digestion, particularly in persons who have used much mercury.)

(Even the most innocent kinds of nourishment inconvenience him.)

Gastric Symptoms :—

She becomes heated by taking a little wine.

Sweat on the forehead when taking a meal.

Sudden throbbing in a tooth while taking a meal.

Nausea at every meal.

After a meal, nausea with oppression at the stomach, followed by a violent, drawing pain, around the umbilicus from above downwards.

Painful hiccough in the œsophagus after a meal.

Hiccough after a moderate meal; and, when sitting crooked, fine, pinching pain in the left side near the vertebræ.

Violent palpitation of the heart after meal.

* Lassitude after a meal.

Unconquerable drowsiness after a dinner, with burning of the eye-lids when closing the eyes.

Excessive drowsiness after a meal.

Sleepiness after supper, with a red and hot face.

(Muddled condition of the head and oppression of the stomach after a meal.)

Bloated abdomen after dinner.

When eating or drinking, he feels as if the abdomen would burst open.

Bloatedness and rumbling of the abdomen after a slight meal.

Fulness and satiety after a slight breakfast.

Fulness, eructations, general weakness after a slight breakfast; he is obliged to write slowly and to make an effort when writing.

Pinching in the abdomen during and after a meal.

Weakness after eating his breakfast.

Great heaviness in the feet, after every dinner, for eight days.

General sweat after a slight breakfast.

Anguish after and during a meal.

Headache after a meal.

Eruations.

Violent, almost continual eructations.

Very frequent eructations, before and after a meal, mostly in the afternoon, for eight days.

Frequent, empty eructations, the whole day, generally in the afternoon.

Frequent empty eructations, preceded by a short pinching in the abdomen.

Empty eructations after eating soup and after drinking.

Eructations after eating or drinking.

Empty eructations, especially in the afternoon, attended with much flatulence in the abdomen.

Eructations with rising of a mouthful of phlegm, only some hours after dinner.

Sweet eructations.

Bitter, scraping eructations.

Sour eructations, towards evening, in the open air.

Sour eructations after eating milk.

Sour eructations with burning in the stomach.

Sensation as of continual heart-burn ; acidity was constantly coming up into the stomach.

Frequently there is a sensation, in the forenoon, as of something hot and acrid rising in the œsophagus.

Hiccough especially after exercise.

Great disposition to hiccough even when there is but a trifling cause for it.

Nausea and want of appetite, even before breakfast, more after a meal, with anguish, dizziness, obscuration of sight, and white-coated tongue ; towards evening he had to lie down, without being sleepy.

Instantaneous feeling of nausea.

Nausea early in the morning one hour after waking up, with qualmsiness of the stomach.

Nausea every forenoon, at ten, eleven o'clock.

Nausea before dinner, even unto retching.

Nausea after every meal.

Nausea at night.

Continual nausea, without appetite or stool.

Nausea, with disposition to vomit.

Disposition to vomit, without vomiting.

Waterbrash.

Stomach:—

The region of the stomach is sensitive to pain.

Weight upon the stomach, with a sensation as if it were trembling.

When walking or standing the stomach feels heavy and as if it were hanging down.

Soreness in the scrobiculus cordis, in the evening ; it is painful to the touch ; when thinking of eating she feels nauseated and disgusted.

Sensation of tightness and fulness in the stomach.

Tightness and pressure across the stomach, beginning at the ribs.

Sense of pressure in the region of the stomach, going off by emitting flatulence, attended with rumbling in the abdomen.

Rumbling in the abdomen followed by pressure in the stomach.

Aching in the region of the stomach, as if pressing upon a sore, worse when touching the part.

Feeling of pressure below the scrobiculus cordis.

Continual aching in the scrobiculus cordis and in the epigastrium, apparently in the stomach, at seven o'clock in the evening.

Pressure in the pit of the stomach, with anguish.

Pinching in the pit of the stomach, as from flatulence.

Spasm in the stomach, with continual sour eructations.

Spasm in the stomach and cardialgia, as in nursing women.

Contracting spasm of the stomach ; even at night, ascending as high up as the chest accompanied by distension of the abdomen ; she had to curb herself and was unable to lie down, because this increased the pain ; the pain came in paroxysms and arrested her breath.

Sense of contraction under the stomach.

Contractive pain near the scrobiculus cordis, on the right side, morning and afternoon.

Constrictive pain below the scrobiculus cordis, aggravated by pressing upon the part with the finger.

When lying upon his back and when walking he feels an acridity in the stomach.

Gnawing in the stomach, early in the morning, before breakfast.

Acridity of the stomach, rising up to the throat, like heart-burn.

Burning sensation in the stomach.

Continual burning in the stomach.

Throbbing in the scrobiculus cordis.

(The pains in the stomach are aggravated or excited by fright, chagrin, a cold, after a meal, at night, or by flatulent food.)

Abdomen :—

Short, but violent pain in the right hypochondrium.

The region of the liver is sensitive to pain, and painful to the touch.

Pain in the liver, as if it were bruised.

Tightness in the region of the liver as if the skin were too short, when waking up from the siesta.

Pressing pain in the liver, when walking in the open air.

Violent tearing in the liver, which makes one almost scream.

(Pain in the interior of the liver, as if beaten to pieces.)

Violent stitches in the region of the liver.

Aching in the left hypochondrium.

Aching and stitches under the left side of the chest.

Drawing pain under the left ribs.

Painful, lancinating tearing in both hypochondria, commencing at a point close below the scrobiculus cordis and darting towards both sides.

Both hypochondria are painful to the touch.

When stooping, he feels as if sausages were lying on both sides of the stomach.

Pressure under the short ribs, after breakfast.

Every piece of clothing presses upon the hypochondria and seems intolerable to him.

Colic as after a cold ; it becomes worse before flatulence is emitted, and continues even afterwards.

(Colic from riding in a carriage.)

Weight in the abdomen.

His abdomen feels very heavy.

Sensation as if her abdomen were hanging down like a weight ; she has to walk crooked.

Pain over the whole abdomen, extending as far as the ossa pubis, as if all the fibres were tense and hardened ; this gives him a good deal of anxiety.

Continued distension of the abdomen.

Distension of the abdomen owing to an accumulation of flatulence, which goes off easily and in abundance, in the afternoon.

Fulness and pressure in the abdomen, as if too full of nourishment, accompanied by eructations, day and night.

Aching and tightness in the right side of the epigastrium, extending across the whole stomach.

Aching and tightness, extending almost over the whole of the abdomen, attended with constant uneasiness and weeping, as if from despair.

Aching in the hypogastrium.

Aching in the umbilical region.

Dull ache at a small spot of the abdomen.

Disagreeable pressure in the abdomen, she would constantly like to hold it with her hands.

Belly-ache, with tenesmus, and emission of hot flatulence ; this decreases the pain.

Belly-ache, with rumbling and emission of damp, warm, inodorous flatulence, after which the pain ceases.

Aching in the left iliac region, shifting of wind in the abdomen, with pinching.

Pinching ache in the right iliac region, towards the hip.

Clawing (crampy) pressure in the hypogastrium.

Clawing pain in the hypogastrium.

Frequent, clawing pain, especially in the right side of the abdomen.

Pinching pain in various places of the abdomen ; it frequently goes off in a short while.

Fine pinching in the abdomen, when sitting crooked.

Violent pinching around the umbilicus, even after taking a small quantity of innocent (light) food, speedily going off by eructations and emission of flatulence.

Pinching around the navel, extending as far as into the stomach, four days and nights, (at first early in the morning when rising ;) she had to lie down, was unable either to stand straight or to sleep on account of pain, being constantly chilly ; in the second night diarrhoea came on which was worst at night.

Pinching in the belly, with good stool.

Continual pinching, with a sense as of pressure, in the epigastrium.

The pinching in the belly comes on only in the afternoon and evening, and appears to be caused by flatulence ; this being emitted the pinching ceases.

Sense of contraction in the abdomen.

Cutting in the belly, like colic, in the evening.

Colic which lasts but a few moments, but is very frequent.

Cutting in the abdomen which darts through the abdomen like lightning.

Aching, with tearing in the hypogastrium, in the direction of the umbilicus.

Lancination in the hypogastrium, extending as high up as the umbilicus.

Lancinating pain in the left side of the chest and abdomen, aggravated by breathing.

Stitches, with a sense as of creeping, in the hypogastrium.

Dull pinching stitches in the abdomen, as if from below upwards and outwards.

Burning in the abdomen.

Burning around the umbilicus.

Great anxiety, (uneasiness) in the abdomen.

Pain in the abdomen as from straining, even when slightly raising her arm for the purpose of doing some kind of work with her hand ; she feels a similar pain when touching the abdomen.

Pain in the abdomen, as from a strain or sprain ; she feels this pain when lying on one side, mostly in the left side of the abdomen.

Soreness of the abdomen, when touching it.

Soreness in a place below the umbilicus.

Frequent attacks of burning pain in the skin near the umbilicus.

Pain of the abdominal muscles as from bruises.

Pinching and stitching pains in the left iliac region.

Aching in the right iliac region.

Pinching pain in the right iliac region.

Distension from incarcerated flatulence on the left side of the epigastrium, more towards the back, attended with a clawing pain.

The flatus become incarcerated in different places of the abdomen, below the short ribs, in the region of the bladder ; they cause a clawing and pressure,—and gradually go off with a sense of heat in the rectum.

The flatus inflate the abdomen in the afternoon.

The flatus produce a feeling of paralysis in the left thigh, which goes and comes.

Flatulent colic, accompanied by the emission of inodorous flatus.

Flatulence moving about in the abdomen,—with single stitches in different parts, especially in the left side, towards the ribs.

A good deal of flatulence, in the abdomen, in the afternoon.

Motion of flatulence in the abdomen immediately.

Motion of flatulence in the hypogastrium.

Motion of flatulence in the abdomen, with emission of a quantity of flatulence, which is partly loud, partly noiseless, partly humid.

Gurgling in left side of the abdomen.

Audible rumbling slowly moving about in the abdomen.

Very loud rumbling in the abdomen, for eight days.

Audible rumbling in the umbilical region.

Audible rumbling in the abdomen, with some pinching.

The rumbling is succeeded by the emission of a good deal of flatulence.

Continual rumbling in the abdomen, without tenesmus.

Fermentation in the abdomen, succeeded by diarrhoea with emission of flatulence having a putrid smell.

Emission of a quantity of loud, inodorous flatulence, accompanied by a quantity of eructations.

Emission of a small quantity of inodorous flatulence, accompanied by considerable motion of flatulence in the abdomen.

A quantity of flatulence suddenly makes its appearance in the afternoon and goes off again without any trouble.

Emission of an excessive quantity of inodorous flatulence, early in the morning when waking up.

Things which one otherwise digests with facility, bring on flatulence and distension of the abdomen.

Flatulence having a putrid smell.

A quantity of badly smelling flatulence.

Emission of flatulence which has a putrid smell and is afterwards moist, attended with painful bearing-down in the direction of the small of the back, and thence of the abdomen.

Flatulent and hæmorrhoidal colic.

Stool :—

The desire for stool terminates by the emission of loud flatulence.

Sensation as if stool would come on, with burning at the anus and emission of flatulence.

One evacuation on the first and two on the second day.

Complete constipation.

Unsuccessful desire for stool ; simple emission of flatulence, with painful pressure in the rectum.

Unsuccessful desire for stool, in the evening.

Sudden desire for stool, like fulness in the rectum ; it soon passed off.

Sensation in the abdomen and small of the back, as of a desire for stool, without an evacuation taking place.

Violent tenesmus with tingling in the rectum—and pressure upon the bladder, in the direction of the small of the back, resembling a

hæmorrhoidal colic and coming on at intervals; in the place of an evacuation violent labor-like pains come on in the abdomen, both in front and behind, accompanied with burning at the rectum and a sensation as if diarrhœa would set in; the labor-like pains are followed by violent tenesmus with expulsion of a few fragments of soft fæces, after which the pains cease.

Tenesmus after breakfast, the stool, although not hard, being expelled while making great bearing-down efforts.

Violent tenesmus, the stools being scanty and hard.

Stool at ten o'clock in the evening, with rumbling in the abdomen.

Hard stool every two or three days.

Hard, delaying stool, with tenesmus.

Tough, scanty, not properly cohering stool, with inactivity of the rectum.

Papascent stool with burning at the rectum.

Stool thinner than usual, with tenesmus.

Diarrhœa.

(Light-coloured, pale stools.)

(Involuntary discharge of putrid, cadaverously-smelling stools.)

Acrid stool, with coated tongue.

Discharge of mucus, with tenesmus.

Discharge of mucus, then hard, afterwards soft fæces, succeeded by cutting pains in the belly, during the first week.

Discharge of a quantity of mucus with the stool.

Discharge of quantity of mucus from the rectum, for several days.

The stools are encircled with yellowish, filamentous mucus which has an entirely bloody appearance at the termination of the fæces.

The child screams every six or seven minutes, whilst a bloody mucus is passing from the rectum.

Stool is preceded by a cutting pain in the abdomen.

Pain extending transversely through the abdomen, previous to stool.

Discharge of blood with every stool.

Burning at the rectum, during the expulsion of a few hard pieces of fæces.

Cutting in the rectum during stool.

Pricking in the rectum during stool.

Cutting pain in the rectum, during hard stool.

Stool is succeeded by several attacks of pain in the abdomen in the direction of the small of the back and the bladder, almost as after taking rhubarb.

Pressing or clawing colic after stool.

The hard and scanty morning-stool is followed by pinching stitches in the left side of the abdomen and imperfect desire for stool, like a pressure upon the rectum, the whole day.

Complete emptiness in the abdomen after stool; it is especially perceptible when walking.

A swelling in the abdomen, resembling an induration, after stool.

Burning at the rectum, after stool.

Physical depression (languor) after stool.

Anxiety with a tremulous sensation and involuntary movements, after stool.

Tremulous weakness after stool.

Smarting at the rectum.

Aching in the rectum.

Gnawing in the rectum, between the stools.

Pinching in the rectum, between the stools.

Stitches in the direction of the anus.

A couple of violent stitches in the anus, in the evening.

Stitch through the rectum, coming from the os coccygis, as if with a hot pin.

Tingling in the rectum and trouble caused by ascarides.

Discharge of ascarides.

Itching of the anus, increased by scratching and succeeded by burning.

Itching of the anus; when rubbing the parts, a burning comes on.

Burning on the right side of the anus.

Burning at the anus, accompanied with a disagreeable feeling of dryness.

Burning and stinging in the rectum.

Congestion of blood to the rectum.

Swollen and painful varices.

Titilating itching of the varices.

Discharge of pure blood from the rectum, with tearing pains for several days; (in a young woman who had never been troubled in this way.)

Discharge of an acrid, corrosive humor from the rectum.

Abundant discharge of a viscid, musty smelling humor, from the rectum, at night.

Oozing of humor from the rectum, with pressure upon it, during micturition.

Soreness of the rectum.

Soreness of the perineum, with painful itching when touched.

Soreness, with itching of the perinæum, and oozing of humor from those parts, at night.

Stinging pain in the perinæum, near the rectum.

Aching and soreness under the os coccygis.

A large red blotch close to the rectum, surmounted with a black pimple, aching but little.

Urinary Organs.—

Greatly diminished emission of urine.

Great desire to urinate ; the urine, however, passed off very slowly.

Desire to urinate, every hour.

Tenesmus of the bladder, frequently by day ; however she was able to retain the urine.

At night she has to rise several times for the purpose of urinating ; she emits a larger quantity of urine, with tenesmus of the bladder.

The large quantity of urine is emitted after drinking but little.

Copious emission of light, yellow urine.

When about to stop urinating, the urine becomes thick and milky.

Dark-colored urine.

Dark-red urine, accompanied by roughness of the throat.

Dark-red urine as if it were mixed with blood.

Reddish, turbid urine.

The urine remains light-colored, although depositing some gravel.

The urine deposits a red sediment.

Acrid smell of the urine.

Itching of the pudendum, when urinating.

Stitches in the pudendum when urinating.

Burning in the urethra, when urinating.

Painful burning and jerking in the urethra, when urinating.

Frequent tearing in the urethra, when urinating; the last drops are mere mucus, and are passed with pain.

Tearing and drawing in the urethra after urinating, early in the morning.

Constriction of the urethra every morning.

Pinching pains in the urethra almost immediately.

Genital Organs.—

Male.—Itching and soreness of the prepuce.

Violent itching, soreness, and a blister on the inner side of the prepuce.

Tingling in the scrotum and the testicles.

Itching and moistness of a place on the thigh near the scrotum.

Swelling of the scrotum, which is hard to the touch.

Violent itching of the mons veneris.

The sexual desire is entirely wanting in the morning, and cannot even be excited by sensual ideas.

The sexual desire is more excited.

Frequent erections.

Erections three days in succession, which frequently continue for a while.

Continual erections at night, without any voluptuous sensations or fancies.

Pollution without any dreams.

Frequent pollutions, without much sensation.

Excessive pollution which painfully shakes the nerves, and is succeeded by violent burning in the urethra towards the glans, with violent cutting and burning during micturition, which continued a long while, and returned when slightly pressing the part externally.

Rapid discharge of semen during an embrace, followed by roaring of the blood in the head.

Discharge of the prostatic juice when pressing upon the rectum.

Female.—Itching of the pudendum and the anus.

Heat and redness in the pudendum.

Burning in the pudendum.

Considerable soreness of the pudendum, in front, in the evening.

Aphthæ of the pudendum.

Red and sore places about the pudendum, looking like little ulcers, and simply itching without causing any pain; attended with leucorrhœa.

Pain, as from excoriation, of the pudendum, with leucorrhœa, for two days; afterwards appearance of the menses which had been suppressed for months; the menses flow three days, but are quite black; after the menses the leucorrhœa is diminished and the excoriating pain has ceased.

The menses appear 5, 6 days too soon.

The menses appear 5 days too late, (reaction of the organism.)

The menstrual blood, which appeared 6 days too late, corroded the parts.

The menstrual blood is thick and has an acrid smell.

Violent itching of a tetter previous to the appearance of the menses.

Itching and eruption on the nape of the neck and between the shoulders, immediately previous to the appearance of the menses.

Drawing pain extending from the hypogastrium as far as the small of the back, immediately previous to the menses.

Colic, like spasms, from morning till evening, previous to the appearance of the menses.

Cutting in the hypogastrium during the menses.

During a diminished flow of the menses, a good deal of cutting pain in the abdomen, pain in the back, and pain as from bruises in all the bones.

Violent contractive headache during the menses.

Burning in the hands and soles of the feet during the menses.

Leucorrhœa coming on after micturition.

Discharge of white mucus from the vagina.

A quantity of thin leucorrhœa, in the morning when rising; it then disappears during the remainder of the day.

Milk coloured leucorrhœa excoriating the parts.

Thickly yellowish white leucorrhœa.

Bloody mucus from the vagina.

Soreness and rawness in the pudendum during the leucorrhœa.

Cold, Catarrh :—

Badly smelling breath.

Frequent sneezing, with constant and violent itching and creeping in the nose, and catarrhal roughness of that organ as well as of the chest, at night when in bed.

Repeated attacks of violent sneezing.

Very frequent sneezing, without coryza.

Sneezing with lachrymation of the left eye; this produces a smarting in the internal canthus.

Violent sneezing, succeeded by a violent, smarting pain in and over the nose, with lachrymation such as takes place when a violent cold sets in; the same pain occurs when blowing the nose.

Imperfect, unsuccessful attempt at sneezing, which is at times strong, at times weak.

Sneezing, with stitches in the abdomen.

Sneezing with burning upon a large part of the right side of the abdomen.

Unsuccessful attempt at sneezing, with tingling in the left nasal cavity; this became moist, and, after blowing the nose, the right nostril became stopped, accompanied by tingling and smarting in the left side of the palate, as is felt during the approach of a cold.

Stoppage of the left nostril.

Stoppage of the left nostril, after sneezing.

Dry coryza with roughness of the throat.

Dry coryza, for several days.

Sensation as of an incipient cold in the root of the nose.

Pressing in the root and the bones of the nose, as in a violent cold ; however, the nose is not stopped.

Irritation as of a cold, for several days, night and morning when waking up ; it disappeared in the nose, with increase of humor.

Stoppage of the nose, succeeded by an increase of humor.

Discharge of nasal mucus, with tingling in the right nostril ; afterwards violent sneezing, lachrymation of the right eye and coryza.

Discharge of green mucus from the nose.

Fluent coryza, every evening.

Violent fluent coryza. Coryza with catarrh.

Violent coryza with hoarseness and rawness of the chest.

Feeling of dryness in the throat and the posterior nares.

Larynx :—

Uncommon feeling of dryness in the larynx, against which clearing the throat is of no avail ; for several days.

Hoarseness in the evening.

Loss of voice, in the morning.

Catarrh which almost brought on a complete loss of voice.

Sudden and great hoarseness in the evening, which made him unable to utter a sound, and was accompanied by asthma, so that he was almost unable to breathe when walking in the open air.

Hoarseness and roughness of the larynx ; she was unable to speak aloud without making a great effort.

Slight roughness of speech, as if fatigued by speaking, or as if breathing had become oppressed by it.

Considerable roughness of the larynx with a deep and rough voice, which becomes suppressed when exerting it ; without, however, any pain in the throat.

Roughness in the chest and frequent irritation as if one would wish to cough.

Feeling of roughness in the back part of the throat.

Roughness of the throat, evening and morning, which brings on a dry cough.

Roughness of the throat, with some cough, and lachrymation of the eyes, especially the left.

Violent tingling in the throat, which can only be relieved for a short while by clearing it, accompanied by copious secretion of saliva.

Tingling in the upper part of the larynx, as if the mucus had become hardened in that part ; this brings on a fit of cough.

Tingling and itching in the larynx, with wheezing breathing ; his

chest is tight ; after lying down in the evening, he is attacked with a dry cough.

After the catarrh in the head has passed off, his chest is very much affected ; there is a fermenting and rattling going on in the chest ; at night he cannot remain in his bed for want of air ; his cough is so dry and vehement, that it brings on vomiting.

In the morning, after rising, his chest is affected with a dry catarrh, he has several violent fits of cough which dart through his head, affecting it painfully.

A few fits of light cough. They came on again on the third day about the same hour.

Cough brought on by tickling in the larynx, (with tough, saltish expectoration,) in the evening when going to bed, and in the morning, one hour after rising.

Frequent irritation in the back part of the throat, bringing on a short cough.

Violent tickling and cough, with whitish discharge, in the morning after waking up.

Rough cough, which partly comes on spontaneously, and is caused by a constant feeling of roughness and tingling in the throat.

A few fits of deep, painful cough, brought on by an irritation and tingling in the throat ; they cause the chest to feel as if it were pressed in.

Irritation as from the vapour of sulphur, bringing on cough with retching.

Frequent cough caused by an irritation in the upper part of the chest, with roughness and rawness in the throat.

Dry cough after every expiration, accompanied by a flush of warmth and sweat.

Cough after the slightest cold, in the morning when rising from bed, or when leaving a warm room and entering a cold one.

Cough after every copious meal.

Evening-cough, when in bed, and before going to sleep.

Repeated fits of nightly cough, with an ever-returning irritation to cough.

Short cough in the evening.

In the evening he is so frequently obliged to clear his throat by hawking that his larynx feels raw and sore.

Frequent fits of a short cough.

Every day 3 or 4 fits of a spasmodic cough.

Spasmodic cough in the evening, for five hours (brought on by walking too fast.)

Fatiguing cough, with asthma and burning in the chest.

Cough, causing vomiting and retching, in the evening.

Rough cough without any discharge.

Discharge of mucus from the larynx brought on by a short and hacking cough.

Discharge of pieces of green mucus.

Violent cough with discharge of a quantity of yellowish pus, accompanied by stitches in the left hypochondrium when breathing, succeeded by violent stitches in the upper part of the left side of the chest.

Pain in the upper part of the chest during a rough cough.

Pain in the chest, like rawness, when coughing.

When coughing, one feels a violent pain in the larynx and in the region of the thyroid cartilage, as if the parts were ulcerated.

Painful stitches through the head, when coughing.

Chilliness and drawing in the cheeks, in the evening, accompanying an irritation inducing cough.

(Cough, with profuse expectoration of mucus, and occasional vomiting of mucus, particularly in the morning.)

Chest :—

When about to fall asleep, her breath became suppressed, with increase of saliva.

When turning to the other side in the bed, she gets out of breath.

Desire for deep breathing, with moaning.

He is obliged to breathe deeply, exerting his chest, abdomen, back, nape of the neck, and head, besides lifting up his feet.

Difficult breathing, specially when sitting down.

Difficult breathing in the evening, when lying down, with throbbing in the head.

Difficult breathing owing to oppression of the chest.

Difficult breathing, fulness of the chest and palpitation of the heart, even during little exercise, mostly towards evening.

Short breathing and anguish of the chest; he was unable to sit down, and had to walk about all the time, for 10 days.

She has to walk more slowly than usually on account of great asthma.

When waking up, the chest feels tight and faint.

Tightness of the chest and short breathing, as from flatulence pressing upwards.

Tight, oppressive feeling in the chest, apparently coming from the abdomen, and produced by flatulence.

Feeling of oppression in the chest, going off after eructation.

Spasmodic oppression and contraction of the chest, for 3 or 4 minutes.

In the morning after getting up the chest and the shoulders feel compressed.

Frequent attacks of constriction of the chest, with impeded respiration.

Cold breath ; coldness in the throat, mouth, and teeth.

Pressure in the larynx when breathing.

Painful throbbing in the head and teeth when breathing.

Pain in the chest as from incarcerated flatulence.

Pain when extending the chest.

Dull pain in the sternum, at a small place close above the scrobiculus cordis, it seems to be principally excited when stooping, or when touching the parts.

Dull pain, first in the right, afterwards in the left side of the chest ; it is more felt during an expiration than during an inspiration.

Dull pain in the forepart of the right side of the chest.

Rheumatic pain from the left ribs as far as the hip.

Rheumatic aching in the right side in front of the short ribs, a quarter of an hour.

Aching in the upper part of the right side of the chest, extending through as far as the right scapula.

Pressure on the left side of the chest.

Oppressive aching in the chest, frequently.

Pinching in the small places in the chest, occasioned by flatulence.

Tearing and aching in the left side of the chest.

Tearing, extending from the chest towards the back, in the morning, when in bed, even into the arms and the left ear, with internal heat, specially in the head.

Tearing in the right side of the chest.

Drawing, rheumatic pain on the short ribs of the right side.

Painful drawing in the chest, shoulders and arms, especially on the left side, with feeling of heat and congestion of blood to the head ; the body feeling cold to the touch.

Painful stitches in the region of the heart.

Stitching pain on the right side of the chest and belly, aggravated during respiration.

Deep stitch in the right side of the chest, from without inwards, when breathing deeply.

Intensely painful stitches through the chest, arresting respiration ; when going to bed.

Dull stitch in the left side of the chest, in the direction of the short ribs.

Violent, dull stitches, like shocks from within outwards, in the lower part of the right side of the chest.

Violent stitches below the left mamma; they prevented her from sleeping and walking, and continued even when sitting (without either chilliness or heat).

Contractive stitches in the lower part of the left side of the chest, arresting breathing.

Dull, painful and oppressive stitches in the region of the heart, going off with audible rumbling in the left side, as if it had been occasioned by incarcerated flatulence which escapes.

Sensation of weakness and fatigue of the chest.

When waking up his chest feels tired.

Itching in the inner side of the chest.

Congestion of blood to the chest, in the morning when waking up, attended with coated tongue.

Orgasm of the blood, with congestion of blood to the chest, with hoarseness and hawking.

She constantly felt as if the blood were rising to the chest, the inside of the body feeling cold.

Warm congestion of blood to the chest, with anguish; this was caused by flatulence accumulated in the abdomen.

Congestion of blood to the chest, with burning in the chest.

Violent burning in the chest, as of red-hot coal, almost uninterruptedly.

Burning in the front part of the left side of the chest, and on the right side near the scrobiculus cordis.

The burning in the region of the heart is greater than the stitching pains.

Palpitation of the heart, especially when sitting.

Frequent palpitation of the heart, a few quick beats at a time.

Excessive palpitation of the heart, several days.

Palpitation of the heart and intermitting pulse, in the evening, when going to bed, several days.

Pulsation in the chest, with anxiety and uneasiness; she felt the beatings of the heart with her hand.

Pain, like a tightness and aching, on the outside of the left breast, when touching it.

Back :—

Stinging itching in the region of the os coccygis, in the evening.

when in bed.

Sensation of coldness, numbness and tightness in the small of the back.

Tight pain and stiffness in the small of the back.

Violent pain in the small of the back ; she is unable to sit down, because she then feels as if she had a plug in her back ; she is obliged to lay a cushion under her.

Tearing and pressure in the small of the back.

Tearing and aching on the left side near the hip, extending as far as the back.

Tearing and aching on the left side near the hip, extending as far as the back.

Tearing pain in the small of the back, occasionally extending into the hips.

Tearing in the hips, going and coming.

Drawing and aching in the small of the back, down to the os coccygis.

Pain above the right loin, which arrests breathing.

(Continuous sticking, particularly when making a false step.)

Violent burning, on the outer side of the right hip.

Pain in the side of the back, as from bruises.

Weakness in the back.

Heaviness in the back and oppression of the chest.

Jactitation of the muscles of the left half of the back.

Painful stiffness of the back, in the morning when rising.

Aching near the lowest part of the back.

Clawing (crampy) ache near the lowest part of the dorsal spine.

Intensely painful pinching near the dorsal spine.

Drawing pain in the back, principally when sitting down.

Drawing pain in the back, in the evening.

Rheumatic drawing in the back, especially when stooping, for several days.

Rheumatic pain in the upper part of the left shoulder-blade, after washing the parts with (not cold) water, as usually.

Rheumatic feeling in the whole of the left shoulder-blade, when bending the arm backwards.

Tearing in the lower part of the back, near the small of the back.

Stitches between the scapulæ, so violent that they arrest breathing, at night.

A warm feeling in the dorsal spine, as high up as the neck.

Burning on the upper and left part of the back.

Burning in the region of the right scapula.

(Itching pimples on the back.)

Neck:—

Dull, burning pain in the muscles of the nape of the neck.

Paroxysms of shaking and trembling of the nape of the neck and the head.

Intense aching in the muscles of the nape of the neck.

Aching and tightness in the nape of the neck, apparently in the cervical vertebrae.

Drawing pain in the nape of the neck, rising towards the head, in which the same drawing pain is felt; this is accompanied by nausea with running of water from the mouth.

Tearing in the cervical muscles.

Tearing pain in the left cervical muscles, especially during motion.

Aching and tearing in the left cervical muscles, for two days.

Aching in the neck.

Violent aching in the cervical muscles (of the right side.)

Swelling and pain of the cervical glands, especially the posterior ones towards the nape of the neck.

Stinging itching in the neck and nape of the neck, with red spots on those parts.

Single, scattered, red little spots on the neck, of unequal size, with intensely painful itching, in the evening.

Pimples on the nape of the neck.

Superior Extremities:—

Drawing and aching below the right axilla; it is especially felt during motion.

Burning pain in the right axilla.

Itching oozing of humour, and soreness in the axillae.

Drawing pain in the shoulder.

Drawing pain in the left shoulder-joint.

Intensely painful drawing in both shoulder-joints, both when at rest and in motion.

Rheumatic drawing in the right shoulder.

Violently tearing pain in the right shoulder-joint, especially during motion, accompanied by drawing in the long bones of the arm.

Tearing pain in the shoulder-joint.

Paralytic tearing in the right shoulder joint, which frequently returns.

Stitches in the right shoulder, day and night.

Burning on the upper surface of the right shoulder.

Burning in the outer side of the shoulder-joint.

Paralytic weakness of the right shoulder and the right arm.

When moving the arms they feel heavy and exhausted.

Heaviness in the arms with drawing in the back.

Pain in the right arm as from a bruise.

Cramp in the arms.

Drawing in the right arm.

Her arms and hands frequently go to sleep by day, especially however at night, so that she knows not how to rest them.

His upper arm especially feels very heavy.

Drawing pain in the upper arm, with burning.

Dull drawing on the inner side of the left upper arm.

Drawing pains from above downwards, in the right upper arm.

Tearing in the left upper arm.

Single paroxysms of tearing in the left upper arm.

Violent tearing in the right upper arm, especially when moving it.

Burning in the upper parts of the upper arms.

Smarting itching which comes on again and again, in the lower part of the inner side of the left upper arm ; scratching removes it only for a short while.

A large boil on the upper arm and many itching pimples surrounding it.

Pain as from contusions in the elbow-joints of both arms, early in the morning when in bed.

Burning in the outer parts of the right elbow.

Drawing pain in the lower arm, along the radius, towards the wrist-joint, (immediately.)

Tearing in the whole of the right fore-arm.

Drawing tearing in the left fore-arm, from the elbow as far as the hand.

Drawing tearing in the left trochlea.

Drawing tearing in the upper side of the left lower arm, near the elbow; the part feels painful when pressing upon the humerus.

The drawing and tearing of the fore-arm extend as far as the hand and fingers, especially during motion.

Burning itching in the lower arm, near the elbow.

Aching in the dorsum of the hand.

Sensation in the left wrist-joint as if the tendons were too short, during certain motions.

Spasmodic contraction of the hand.

Drawing pain in the wrist-joint.

Drawing in the right metacarpal bones.

Tearing in the palm of the left hand, beginning at the root of the little finger.

Tearing in the right or left wrist.

Throbbing pain in the hand, in the metacarpal bone of the middle-finger.

Icy cold hands.

Sweaty balls of the thumbs.

The hands go to sleep.

Sensation, in the morning when washing the hands, as if they would go to sleep.

Disposition of the hands to become numb.

Pain as from bruises in the dorsum of the left thumbs.

Paralytic pain in the wrist, when moving it.

A kind of pain as from a sprain in the right hand and the wrist-joint, as if it had been strained.

Sensation in the hand as if the muscular power had become weakened ; it is especially perceived when writing.

He can only write slowly and with difficulty.

A small tumour in the bend of the wrist-joint.

Violent itching in the palms of the hands, at night.

Fine, itching eruption on the hands.

Violent stitch in the hand, in the evening, after which the second and third fingers were spasmodically drawn across and the others far apart from one another.

Tearing in the fingers of the left hand.

Tearing pains in several fingers in the evening.

Tearing in the fingers of the right hand.

Fine tearing in the two middle fingers of the right hand.

Tearing in the joint of the two last fingers.

Tearing in the right little finger, increased by motion.

Violent tearing in the posterior joint of the index-finger of the left hand.

Fine tearing in the middle-joint of the right index-finger.

Tearing in the tip and under the nail of the left fourth finger.

Tearing under the nail of the thumb.

Fine tearing in the right thumb, apparently in the bone.

Fine, burning tearing in the tip of the right thumb.

Arthritic pain in the anterior joint of the thumb.

Drawing in the right index-finger in the direction of the tip.

Stitches in one finger when rising from one's seat.

Stitch in the posterior joint of the left middle finger.

Sudden, deep stitch in the anterior joint of the right middle-finger.

Stitches as from a splinter, in the anterior joint of the fourth finger.

Stitches in the ball of the thumb, beginning at the wrist-joint.

Fine stitches in the skin of the right index-finger, renewed by bending the arm.

Tearing stitches (lancinations) in the metacarpal joints.

Boring pain in the posterior joint of the middle-finger and thumb.

Boring pain in the metacarpal joint of the left index-finger, when at rest; when moving or bending the finger, the pain becomes a fine, pricking pain, as if caused by a splinter, for six hours.

Repeated pulsations in the dorsum of the thumbs.

Slowly throbbing pain in the anterior joint of the thumb.

Burning, producing a cold sensation in the posterior joints of both the right, middle, and the ring-fingers.

The tips of the fingers are covered with a cold sweat.

Swelling of the anterior joint of the left middle-finger, with a drawing pain in the joint.

Paralytic and weak feeling of the fingers of the right hand, when seizing something.

Violent itching in the outer side of the left thumb.

The tips of the fingers are ulcerated.

Inferior Extremities :—

Tearing in the hip of the right side.

Frequently repeated tearing and aching below and near the left hip, towards the back and small of the back.

Drawing pain in the hip-joint, extending down the thigh, aggravated by walking.

The lower extremities, especially the legs, are painful, when sitting or lying; he knows not how to place them in order to find rest.

Tearing in the thighs and legs.

Tearing in the right lower extremity, extending from the thigh through the leg.

Tearing in the lower extremities, which seems to become aggravated by accumulation of flatulence.

Drawing feeling in the lower extremities, especially the legs.

Great paralytic drawing pain, extending from the abdomen down into the left lower extremity.

Uneasy feeling in the right thigh and leg, which obliges him continually to shift his position.

The legs go to sleep.

Numbness and insensibility in the lower extremities.

Faint and paralytic feeling in both lower extremities.

Rigid feeling in the lower extremities, after the evening sleep; his gait first appeared vacillating and continued so until he had walked for some time.

Great weakness in the lower extremities, so that he was unable to raise them, from noon till evening.

Heaviness in the lower extremities.

Straining above the knees, in the morning when rising.

Straining in the thigh, with drawing resembling paralysis and a sprain.

Cramp-pain in the outer side, and lower part of the left thigh when walking, and especially when raising the thigh and going up stairs, the parts are painful to the touch.

Contractive pain in the thigh, so that she has to bend her knee when walking.

Jactitation of the muscles in the posterior part of the left thigh.

Tearing pain in the middle of the thigh, frequently returning.

Rheumatic drawing in the left thigh, in the evening when in bed, relieved by lying upon it.

Stitches darting through the thigh, when walking from above downwards.

Dull stitch in the upper part of the thigh.

Burning about the thigh, in the evening, when in bed.

Burning sensation in the external and upper parts of the thigh.

Numbness of the thighs when walking.

Pain in the patella when knocking it against something but slightly.

Pain in the knees when going up stairs.

Tightness in the knees and ankle-joints.

Tightness in the bends of the knees, as if from fatigue, without having taken any exercise.

Stiffness and weakness in the knee.

Drawing pain in the knees, when standing.

Aching and tearing in both knees and legs.

Stitches in the patella when rising from a seat, with a sensation as if the knee were swollen.

Burning pain in the inner side of the left knee.

Violent burning on the outer surface of the knee.

Paralytic pain in the knees, when sitting or rising from a seat, or when turning to the other side at night, when in bed, or when extending the limb.

Feeling as if the knees were exhausted, and without support, when walking or standing.

Paralytic feeling in the knee-joints, after walking.

Itching vesicles on the knee.

(Aneurism in the bend of the knee, with tension and throbbing.)

The knees go to sleep.

Violent cramp in the leg, especially the sole of the foot, when walking in the open air.

Violent cramp in the whole of the leg, at night, when in bed, especially in the sole of the foot.

Drawing sensation in the leg from above downwards, beginning at the knee.

Rheumatic drawing in both legs, as far as the metatarsal bones.

Drawing and impatient jerkings in the legs; he cannot let them lie quiet, and has either to stretch them, or to draw them up, half an hour.

Drawing in the left leg; it feels impatient.

Tickling impatience (uneasiness) in the legs, in the evening.

Tearing in the right leg.

Tearing in the leg, from the calf down to the inner malleolus.

Stitches (in a nodosity) on the calf.

Swollen place in the calf, painful to the touch.

Paralytic feeling in the left leg.

Itching blotches on the calves.

Cramp in the soles of the feet; in the evening when lying down; his toes became contracted.

Pain in the metatarsal bones, as if they were being torn, when setting the foot down.

Tearing in the bone over the left malleolus.

Drawing in the feet, especially when sitting.

A stitch is occasionally felt in the left ankle-joint, as if it had been sprained.

Burning in the soles of the feet, after standing.

Burning in the soles of the feet, when sitting or walking.

Profuse sweat of the feet.

Sweaty feet, when walking.

Swelling of the sick foot.

Impatience, (uneasiness) in the left foot obliging him to move it hither and thither.

When walking the soles of the feet are painful as if they were too soft.

Tearing pain in the toes of the right foot, increased by walking.

Tearing in the middle toes of the right foot.

Violent tearing under the nails of the toes, from evening till night ; the tearing extended into the soles.

Pain under the nail of the right big toe.

Pain in the joint of the big toe.

A stitch darted through the right big toe.

Painful stitches in the corn of the little toe.

Chronic numbness of the feet.

Redness and swelling of the toes, as if they were frozen, with stitches ; ulcerated tips of the toes.

Sleep:—

A good deal of yawning and stretching.

Frequent stretching and extension of the limbs ; it does one good.

Sleepiness with frequent yawning.

Drowsiness which goes off by motion, in the forenoon when sitting or reading.

Inclination to sleep after dinner ; without however being able to sleep.

Great drowsiness by day ; he had to sleep in the forenoon, and afternoon ;—at night his sleep was interrupted by fancies.

Sleep after dinner, which lasted for hours ; the sleep was uninterrupted, but the sleeper was agitated by anxious dreams.

Excessive drowsiness after a meal.

In the evening he feels sleepy at an early hour.

Excessive drowsiness in the evening.

Falling asleep late, at one o'clock.

He is unable to fall asleep, although the eyes feel very heavy, oppressed with sleep.

She is unable to fall asleep at night, but she is likewise unable to open her eyes.

Sleeplessness, on account of uneasiness in the body.

Uneasy, unrefreshing sleep ; perspiration in the morning.

Waking at 4 o'clock in the morning.

Uneasy sleep, frequently interrupted by waking, with headache early in the morning when in bed, and burning in different parts of the body.

In the evening, after lying down, he is attacked with anguish, so that he can scarcely remain lying.

Anguish in the evening, after lying down, as from oppression of the chest, with heat in the head, heat in the hands, and sweat on the forehead ; excessive downward-pressure on the heart, which drove her out of her bed ; the objects with which she was surrounded, became

more and more narrow and small, and when the room was dark, she saw horrible figures.

Lancinating headache, in the evening when in bed, affecting the head as far as the occiput.

His eyes ached in the evening after lying down.

Drawing sensation in both limbs, in the evening when in bed.

Uneasiness (impatience in her limbs) in the evening when in bed ; she had to stretch her limbs frequently.

Considerable jerking in the limbs for several evenings, when in bed ; it prevented her for some time from falling asleep.

When about to fall asleep, he starts up as with fright.

Coldness of the feet, and hands, in the evening.

In the evening, when in bed, the feet do not get warm for hours.

Illusion of hearing, at night when asleep ; he imagined he heard some one walking who stepped up to his bed ; this made him anxious and woke him up.

Noise startled him, at night, attended with shuddering in the back.

Nightly pulsations in the head, as if he would be attacked with apoplexy ; they wake him up with anxiety ; shortly after waking up he had all his senses and felt that the pulsations were a mere illusion, for they had disappeared ; when awaiting the further development of this symptom in a state of slumber, the legs and knees were involuntarily drawn up and the back became curbed ; he then roused himself, otherwise he would have fainted.

He wakes up several times at night, with a sensation as of congestion of blood to the head ; the hairs stand on end ; he experiences an anguish accompanied by shuddering, and a feeling as if some one were moving his hand over the body of the prover, a sort of formication when making the slightest motion in the bed ; the hearing was so sensitive and sharp that the slightest sound re-echoed in the ears.

Headache, at night.

Violent pain in the occiput, at night and boring in the forepart of the head ; accompanied by sweat, paleness of the face, cold and trembling hands, and nausea at the stomach.

Pressure below the stomach at night, with uneasy sleep and anxious dreams.

At night he wakes up, every hour, with erections.

She is roused from sleep by a desire to urinate, early in the morning.

Continual sneezing, at night.

Heaviness in the back and legs, like fatigue, at night.

Drawing pain in the arm upon which he is lying, at night.

Nightly uneasiness, with drawing pain, in the limbs.

At night she is unable to lie quiet, except by drawing her limbs up close to the abdomen.

Aching of the corns, at night when in bed.

She frequently wakes up at night, with coldness in the legs and knees.

He frequently wakes up at night, with heat and thirst.

Profuse sweat of the body and even the head, before midnight.

Tremulous anguish, in the morning when waking up.

At three o'clock in the morning he is roused from an uneasy sleep with a number of anxious dreams, by a violent clawing, labor-like colic, which especially pressed upon the small of the back and the bladder, with rumbling in the abdomen.

In the morning, when in bed, one experiences stitches under the left ribs; thence they irradiate towards the abdomen, the scrobiculus cordis, the chest; when reaching the larynx they are accompanied by a feeling of pressure, become aggravated by breathing, and when on the point of going off, they may be renewed by pressing upon the abdomen.

Itching of the anus when waking up from a rather protracted sleep; by scratching the parts the itching is increased, and a burning sensation is superadded.

Night full of dreams.

A number of vivid and disturbing dreams.

Vivid dreams, which cannot be recollected.

A very vivid, lewd dream.

Frightful dreams.

Anxious dreams during an uneasy sleep.

Extremely anxious dreams.

Anxious, fearful dreams.

The sleep is disturbed by tormenting dreams.

He talks coherently while asleep; this wakes him up, he recollects his dreams.

Fever:—

Feverish coldness in the evening; he does not feel the warmth of the stove.

Coldness in the left arm and leg.

Anxiety, as if fever would come on; the hands become cold and she trembles.

Frequent attacks of chilliness, especially at night, with coldness in the night.

Chilliness in the evening.

Frequent attacks of chilly shudderings, lasting one hour.

Chilliness and thirst.

Internal chilliness with violent thirst.

Feverish chills in the evening, with lassitude, and flushes of heat towards evening.

Feverish chills in the morning, with thirst, shaking, and blue finger-nails, until the afternoon; in the evening heat and sweat, without any thirst.

Chilliness at 11 o'clock in the morning, for several days; followed by heat at 6 o'clock in the evening.

In the evening she is attacked with a sensation of heat and great anguish, although her whole body felt cold to the touch.

Burning heat over the whole body in the evening, with great lassitude and a number of fancies at night.

A good deal of heat during the whole day, but always accompanied by cold feet.

Great irritation in the evening with distended veins.

Heat at night when in bed.

At night she was unable to sleep on account of heat in the blood.

Great disposition to sweat.

Profuse and frequent sweat in the face, (in a child of 2 years).

Increase of sweat in the morning, when waking up.

Warm morning-sweat.

Night-sweat having a putrid smell.

Sour-smelling sweat.

Frequent pulse.

Weak and faint pulse.

Skin :—

Itching over the whole body, day and night.

Violent itching of the arms, hands, and between the fingers, so that he was unable to fall asleep at night, but without any eruption.

Itching stitches in the side upon which he is lying, in the evening when in bed.

Itching of several parts of the body, like flea-bites.

Fine, slight stings over the whole of her body, when getting warm in her bed.

Itching and stinging of several parts of her body.

Itching and burning of different places of the skin, on the back, chest, about the umbilicus, on the thighs, etc.

Burning in different places of the skin, at night when in bed.

Slightly burning pains in several places of the skin.

Burning in the skin as of sinapisms, in different places, the back, the sides, the side of the abdomen.

Nettle-rash, for some weeks.

A stab-wound bleeds again, at different periods.

A place which had become sore by rubbing, and was covered with a new skin, loses that skin and becomes moist.

Pressure and tightness around the ulcer on the leg.

An ulcer which had been cured, breaks again open, and instead of pus, emits bloody lymph; the place is hard and painful to the touch.

The ulcer occasioned by the issue, emits a corrosive humour.

The pus of the ulcer emits a cadaverous smell.

Weakness, Paralysis, Fainting Fits:—

Lassitude in the morning when in bed.

In the morning, great lassitude and stretching of the limbs.

When rising, in the morning, she feels faint and unrefreshed; in a few hours she feels stronger.

In the morning, when in bed, the joints feel very tired; this symptom goes off after rising.

In the morning, one feels lazy, faint, tremulous in all the limbs, and sweating easily.

Faintishness in the evening.

Laziness, somnolence and want of disposition to work, in the evening.

General Symptoms:—

Straining in the knees and hip-joints, in the morning when waking up.

Tightness in the knees and the left hand, as if they had been exerted too much by motion.

Drawing pain in the limbs.

Drawing pains in almost all the parts of the body, especially below the chest, in the nape of the neck and in the arms.

Drawing in the back and the feet, only when sitting.

Drawing pain in the small of the back, the abdomen and the left side of the back, as far as the arms; the left side of his body became contracted.

Drawing in the joints of the hand, the elbow and shoulders, especially during the morning-wind, and going off by motion.

Rheumatic drawing in the whole body, with coldness of the hands and feet.

Drawing pain in the hands and feet.

Tearing in different parts of the body, at night when in bed.

In the morning when waking up, tearing in the left shoulder, afterwards in the right hand, then in the right upper jaw, in the incisors.

Frequent and tearing pains in different parts of the body ; for example, in the left side of the occiput, in the left side of the face, in the left shoulder, left thigh, etc., with violent pressure in arms and legs.

Tearing and drawing pains in different parts of the body.

While the limbs are affected with drawing and tearing pains, mildly burning pains gradually supervene.

The tearing, drawing and burning pains, when affecting the external chest even during ever so short a period, constantly occasioned a sort of dyspnoea.

The greatest portion of the pains is experienced when walking in the open air.

Great anguish and heat during the pains.

He feels unhappy when feeling the least pain.

Great lassitude after the pains.

Excessive lassitude in the parts which are affected with the (rheumatic) pains, after they had lasted two days.

Great orgasm of the blood.

Tingling in the whole body.

The limbs go to sleep.

The limbs, upon which he is lying, easily go to sleep.

All the limbs feel bruised.

The joints feel bruised ; this feeling is relieved by stretching the limbs, in the morning when waking up ; the symptom goes off after rising.

Great heaviness in the left arm and leg, like paralysis.

After having been seated for a long while, he feels heavy and stiff in the limbs when rising ; this symptom disappears after walking a little.

Want of energy of the muscular motions.

The bends of the joints feel too weak to support the body.

Every limb of the body aches, likewise the back, with a good deal of headache and great weakness.

Tremulousness of the body, attended with great failing of strength.

One does not feel disposed to physical exertions.

Faintishness, especially in the lower extremities.

General physical depression towards noon ; inclination to lean the

head on or against something, and to rest one's self ; emptiness of the head with a sensation of hunger.

Feeling of great lassitude, early in the morning, as after drinking much wine ; attended with trembling of the limbs and about the stomach.

Intensely painful weakness of the body, in the evening, as after great loss of blood.

He feels exhausted and faint, as if he had recovered from a severe illness.

Weakness as from having been stunned, in the forenoon.

The faintishness is especially felt when walking, less when sitting, in this case only in the arms, also when writing.

Faintishness after having taken a short walk in the open air.

Sudden faintishness, when walking in the open air ; it soon passed off again.

Attacks of sudden weakness, like fainting.

Attacks of fainting, sometimes with vertigo ; he feels as if he would fall down ; the fits frequently last only for a moment, and are succeeded by colic, and griping in the abdomen as if diarrhœa would come on ; the evacuation however was natural as usual.

Attack of vertigo, in the forenoon, with nausea and obscuration of sight, tingling before the ears, tremor, warm sweat over the whole body, drops of it being seen on the forehead ; shortly before the attack some drops of blood come out of the nose.

Fit when looking out at the window, he is attacked with nausea and vertigo ; he falls down and remains lying without any consciousness for several minutes ; upon recovering his senses he felt as if he had been in a deep sleep from which he can scarcely rouse himself ; after waking up he felt an inclination to vomit which compelled him to lie down for two hours and returned after getting up ; he afterwards felt desponding and in a crying mood.

Fit : the boy becomes hoarse ; when wishing to speak, he turns his eyes as if they experienced stitches ; they then begin to run ; afterwards his cheeks become red, when swallowing he appears to feel pain, his breathing is loud when asleep, he coughs, throws up the milk, becomes obstinate, screams frequently, (in a few hours.)

The upper part of his body becomes easily covered with sweat in a warm room ; afterwards he as easily catches cold.

{ Peculiarities :—

Remission of complaints after noon and after midnight.

Worse in the dark.

Worse after sleep.

Worse from pressure.

Worse after meals.

Worse when lying on side.

Worse when stooping.

Worse when sneezing.

Worse in the evening air.

Predominantly worse when growing warm.

” ” from warmth of bed.

” ” from wrapping up.

” ” from warm diet.

” ” when eating.

” ” when sitting erect.

” ” when lying.

” ” when stretching out suffering limb.

” ” when bending diseased part backwards.

” ” after sweat from washing and moistening
diseased part.

Predominantly better from light.

” ” when growing cold.

” ” from uncovering.

” ” from cold diet.

” ” when sitting bent forward.

” ” when drawing up diseased limb.

” ” when lying on back.

” ” when assuming an erect position.

” ” when leaning against anything.

Breath cold.

Ailments from abuse of mercury.

Bad effects of putrid *vegetable* matter ; from inhalation or contact with wounds.

Hæmorrhages—bright-red blood.

“ The *burning pain* which both *Carbo Veg.* and *Arsenic* have, and both more in the night, predominate in *Ars.* in the stomach and abdomen ; and in *Carbo Veg.* in chest, while coughing ; we find it in *Ars.* predominant in external parts and the skin ; in *Carbo Veg.* internally ; however *Ars.* has a burning sensation in all the veins, and *Carbo Veg.* sometimes externally, as for instance on the umbilicus. *Ars.* has burning in the eyes, on the external ear, on the tongue, in the mouth, throat, pit of the stomach, the loins, bladder, urethra, breast-bone, the third finger ; *Carb. Veg.* has it in the arm, elbow,

fore-arm, thigh, knee, and soles of the feet." (Hering).

"Of all our medicines Carbo Veg. is, according to its symptoms, the most similar to the characteristic symptoms of yellow fever, as much so as Sulphur corresponds to the characteristics of Asiatic cholera. Hence each remedy respectively, when it can be given in time, is best given in the first symptoms of these epidemics, in order to reduce each case at least to a milder form,—an immense advantage. It is worthy of note that charcoal would put an end to the spreading of yellow fever, if the excrements of each patient, and every corpse, were covered by coarse charcoal powder; but whether the internal use of it will prevent the disease in individuals has not yet been ascertained. Sulphur prevents cholera asiatica with individuals, if the finest powder, called milk of sulphur, is put into the stockings, so as to come in contact with the soles of the feet; a pinch a day is sufficient to cause a gentle pouring out of sulphuretted hydrogen through the pores of the skin, all over the body, blackening bright silver. But whether the substance which carries the disease is destroyed by it, has not been ascertained yet." (Hering) Gross's *Comp. Mat. Med.* by Hering.]

EDITOR'S NOTES.

THE PHYSIOLOGY OF THE BILE.

It is now a fact in physiology that one of the functions of the bile is to convert starch into sugar. Nasse had demonstrated this of the bile of the pig some years ago, but he was unable to obtain evidence of the existence of any similar ferment in the bile of other animals. It was Von Wittich who was the first to show how the ferment could be isolated. Since then the saccharifying power of the bile has been demonstrated by Jacobson in the frog, pike, carp, sheep, ox, pig, rabbit, cat, horse, goose, duck, and fowl. As regards man however he failed to show this, and attributed the failure to decomposition of the ferment after death. Very recently an opportunity was presented to examine fresh human bile in a patient of Dr. Hertz, who had a biliary fistula. Von Wittich availed himself of this rare opportunity and has satisfactorily shown that the saccharifying property exists in the bile of man, as in other animals.

DANGEROUS RESULTS OF CARBOLIC ACID.

We quote from the *British Medical Journal* (September 7) the following account of a case shewing the dangerous results of Carbolic Acid when administered without due caution :—

There was a man with empyema, whose case was interesting from the fact that he had narrowly escaped being poisoned with carbolic acid. The pleura had been opened, a considerable amount of hectic, etc., followed, but the symptoms were much relieved by occasionally washing out the cavity with a lotion containing one per cent. of carbolic acid. One day this was done, as usual, about 10 A. M. About 1 P. M. the patient was found comatose, sweating profusely; the pulse was imperceptible; the patient seemed rapidly dying of syncope. The India-rubber tube was found to have slipped out of the opening in the chest, and instead of the usual abundant discharge, there was only a slight oozing, which smelt strongly of carbolic-acid. The tube was introduced, and a considerable amount of the carbolic acid solution at once escaped through it. The patient made a good recovery.

HYDROPHOBIA FROM THE BITE OF A CAT.

The same journal (September 28) records a case of hydrophobia from the bite of a cat :—

A FATAL case of hydrophobia occurred in Salford, on Tuesday, September 24th. The man, William Wilkinson by name, had been bitten in the hand by a cat ten weeks ago, while attempting to drown it. The wound was not cauterised till the following day. He continued in perfect health up to Saturday, September 21st, when he was suddenly seized, while at the races, with inability to swallow. Symptoms of hydrophobia rapidly ensued, and continued to increase until the afternoon of Tuesday, when he expired in great agony. This is the second case of hydrophobia from the bite of a cat which has occurred in the neighbourhood of Manchester within the last few months. The former being a clergyman at Mottram, whose case was fully reported in the *British Medical Journal*.

FUNCTIONAL INEQUALITY OF THE TWO CEREBRAL HEMISPHERES.

The same journal (September 28) gives the following summary of a paper read by Dr. Fleury at the annual meeting of the new French Association for the Advancement of Science on the functional inequality of the two cerebral hemispheres :—

DR. FLEURY compared the dynamism of the two cerebral hemispheres. Serre and Broca have for a long time pointed out the functional inequality of the two cerebral hemispheres, and a great number of clinical facts confirm their ideas. Gratiolet has observed the same inequality in the development of the brain in the fœtus. The left hemisphere excels the right. Dr. Fleury explains this functional inequality by the unequal distribution of blood in the cerebral hemispheres. Relying on the physical laws which regulate the course of the blood in the veins, and on the results of numerous measurements, he shows that the left hemisphere receives a more considerable quantity of blood than that which reaches the right hemisphere. The measurements taken of the jugular veins also confirm this opinion. Finally, we have to mention the agreement of a greater afflux of blood to the right superior limb.

INDIAN MEDICAL STATISTICS.

We commend to the notice of our Profession the following communication of Dr. Morehead to *The Lancet* (September 21):—

At page 332 of *The Lancet* of September 7th, Dr. De Renzy, writing of India, says :—"The fever deaths appear in the returns

ader the head of continued and remittent fever, but it is at last pretty clearly made out that three-fourths of them at least are genuine typhoid."

It would be interesting to the profession to know the clinical observers on whose authority this remarkable statement is made. I am aware that in statistical writings ideas of this kind have been expressed; but surely medical science has not come to this pass in India, that questions of pure observation are settled by the manipulation of figures of varying quality, and the ideas which these may suggest to minds in the Presidency bureaux. What medicine now wants in India is the restriction of statistics to its own very useful domain, less speculative reporting on, and more intelligent clinical observing of disease.

We have often and often made the same complaint, and are glad to find it confirmed by so high an authority as Dr. Morehead.

BERBERIS VULGARIS IN AGUE AND SPLEEN.

We take the following from the *Lancet* (October 5) :—

Ague, malaria, and all kindred affections, cause enlargement of the spleen, and, if frequently recurrent or protracted in their course, enlargement of the liver also. Piorry, professor of pathology at Paris for nearly forty years, showed by a series of measurements that febrifugal remedies act as such upon fevers by reducing the spleen and all other (sympathetically) enlarged viscera to the normal dimensions. Full accounts of these measurements will be found in Piorry's "*Traité de Médecine Pratique*," tome vi., and "*Traité de Diagnostic et de Semeiologie*," Paris, 1837. Quinine had been recognised as possessing this reducing agency by Bally, Piorry's master, fifty years ago; but it was reserved for the pupil to show that the same virtue resides in the "*berberis vulgaris*," or common barberry, an *échantillon* of which plant, pharmaceutically prepared, had been given him by a chemist of Lyons. Piorry came to prefer this preparation in the treatment of miasmatic fever to quinine; indeed, whenever he found the spleen enlarged in a patient suffering from ague, intermittent, or hectic, he gave (as one of his pupils and clinical clerks, Dr. L. M. Klein, tells us) *berberis* instead of quinine, and the fever abated in a few hours. From comparative experiments of both febrifuges, Piorry convinced himself that in well recognised cases of ague and miasmatic fevers *berberis vulgaris* was the superior remedy. He sent Dr. Klein to Algeria to institute further experiments, and the

result was strongly confirmatory of Piorry's practice, which the physicians of the colony have subsequently adopted. In the present dearth, not to say dearth, of quinine in India, why not (asks Dr. Klein) give berberis a trial? The plant is a most accessible one, very common in almost every rocky upland in Europe, Asia, and America. Till scientifically demonstrated by Piorry, its febrifugal virtues were known, even empirically, only to comparatively few physicians, and those mainly in France, Northern Italy, and Switzerland. In this country they are not unknown, but the knowledge is neither very precise nor of much practical force. Certainly a clear case has been made out for its experimental trial by the Indian Government, and by those others, European or tropical, where febrifuges of the more expensive, but seemingly not more efficacious, kind are in constant use.

RESEARCHES ON QUINIC ACID.

The British Medical Journal (September 7) takes the following notice of a communication lately made by M. C. Robin in the name of M. Rabuteau, to the Academy of Sciences:—

It treats of the investigations of the physiological properties of quinic acid, and the reduction of perchloride of iron in the organism. Quinic acid, which is solid, and tastes like vegetable acids, such as tartaric and citric, exists in a remarkable quantity in bark, in which it is said to be combined with quinine, cinchonine, and lime. The author has prepared quinate of soda and quinate of potassa by dissolving quinic acid in the bicarbonates of these two bases, and he has made many experiments with these two salts, which are neutral in reaction, deliquescent and tasteless. He injected into the veins of a dog five *grammes* of quinate of soda dissolved in 40 *grammes* of water. The only result of this operation was marked constipation. The urine became neutral, and even slightly alkaline, although previously acid. M. Rabuteau took himself two *grammes* of the quinate of potassa in 50 *grammes* of water. The urine did not become alkaline, doubtless because the salt was too much diluted, but its acidity was diminished. A watery solution of quinic acid introduced into the stomach does not produce any particular result. From this acid can be prepared a lemonade as agreeable as the tartaric and citric lemonades. These researches show that quinic acid is harmless, and also that it acts almost like all the ordinary vegetable acids; that

is to say, it is consumed in the organism, the alkaline quinate being transformed into bicarbonates, which render the urine alkaline when administered in sufficient doses ; for example, five or six grammes at least in the day. From the quinate of soda producing constipation after its injection into the blood, it is concluded that, if introduced into the digestive tube in sufficient quantity, it would produce purgative effects, according to the general rule that saline purgatives constipate when they are injected into the blood. The alkaline quinate being destitute of taste, it might be thought that the quinate of quinine would be less sapid than the sulphates. This salt, however, is bitter, like all the other salts of quinine. According to the experiments of M. Rabuteau, the perchloride of iron is reduced by contact with albuminous and various organic substances. It follows from this that, when ferruginous waters containing sesquioxide of iron are taken, for example, in water in which a red-hot iron has been cooled, perchloride of iron is formed by the hydrochloric acid of the gastric juice, and is transformed into protochloride of iron. When perchloride of iron is injected into a varicose vein to obliterate it, it forms a cord, owing to the coagulation of blood produced by this salt, but this cord disappears gradually, for the perchloride is changed into the protochloride, which has not the power of coagulating the blood, but even prevents coagulation, as has been shown by direct injection of it into the veins of animals.

**THE INSPECTOR-GENERAL'S REPORT ON THE
CALCUTTA MEDICAL INSTITUTIONS
FOR THE YEAR 1871.**

For the first time since their foundation we have in one report the results of the transactions in the Medical Institutions of Calcutta and its suburbs. We owe this, it appears, to the present Lieutenant Governor, who has directed the Inspector-General of Hospitals, from this time forth, to "submit the reports of his department on a different system, grouping cognate subjects together, and presenting them in a shape more convenient for reference and more valuable for record than heretofore." It is not a little surprizing that this idea should never have presented itself before to any of the Inspectors-General of Hospitals. One of the advantages derivable from the reports of dispensaries and hospitals is the fact of their serving as indices of the healthiness of the localities in which they are situated, and this can only be obtained in a reliable form by taking a comprehensive view of their statistics, and not by treating them as isolated institutions.

There are altogether, it appears, eleven public medical charities in and about Calcutta, viz.:—

1. The Medical College Hospital.
2. The General Hospital.
3. The Native Hospital and Dispensaries.
4. The Municipal Pauper Hospital.
5. The Municipal Police Hospital.
6. The Sukea's Street Dispensary.
7. The North Suburban Hospital.
8. The Sumbhoo Nath Pandit Hospital (Bhowanipore).
9. The Alipore Dispensary.
10. The Aratoon Apcar Dispensary.
11. The Howrah Hospital (on the other side of the river).

To these should be added the Calcutta Lock Hospitals. The report under consideration gives the detailed returns of only five of these institutions, namely, the Medical College Hospital, the General Hospital, the Municipal Pauper Hospital, the Municipal Police Hospital, and the Calcutta Lock Hospitals, and merely makes reference to the returns of the remaining institutions, "to

a wider and truer conception," as the Inspector-General remarks, "of the comparative healthiness of the year, as indicated hospital statistics, as well as of the operation of individual institutions as contrasted with others." Let us see how far the conclusions arrived at by the Inspector-General are justified by the returns themselves as well as by other considerations.

The number of *in-door* patients treated in all the institutions named above aggregates 17,325, the number of *out-door* being 212,248, giving a total aggregate of 236,573 against an aggregate 208,833 in 1870, showing an increase of 25,577 in 1871. This increase, it should be remarked "is almost entirely confined to *out-door* patients; the sick relieved in-door, which depends on available accommodation, being much the same in both years." Now admitting that the number of out-patients treated in these various institutions was really the number of *new* cases as mentioned in the returns, it becomes an important question, what does the increased number of patients in 1871 indicate? It can only possibly indicate one or more of the following conditions, viz. 1. actual increase of disease; 2. popularity of the institutions; 3. increased enlightenment of the people which prompts them to apply for relief from sufferings of disease to such institutions where such relief can be obtained; and 4. increase of poverty which prevents people from paying for medical aid, and compels them to have recourse to public charities. We may eliminate this last condition, as being the direct reverse of fact. People have not certainly grown poorer. Our belief is their condition has considerably improved, at least they are now more willing to pay for things which they never thought of paying for before. It remains therefore to see to which of the remaining conditions are we to attribute the increased number of out-patients in the medical institutions of Calcutta and its suburbs. The Inspector-General cannot take the number "as a gauge of the amount of sickness prevailing, because, with the exception of the Police Hospital, neither the area nor population from which applicants for relief come are fixed." This certainly is a most serious defect in the returns furnished, and the Inspector-General ought to see that it is remedied without delay. The Inspector-General however had in his own office the means of ascertaining, approximately at least, how far the increased admissions

indicated general unhealthiness of the year. He could have compared the returns of the institutions of Calcutta with those of the institutions of the Mofussil, and found whether throughout the country there was general unhealthiness. He could have also found out the particular sickness that was prevalent. Instead of this, the Inspector-General finds it easier to assert that "the increase of numbers treated indicates increasing usefulness and popularity than a greater prevalence of disease."

We do not doubt "the increasing usefulness and popularity of the institutions," but we are inclined to doubt if that was the only cause of the increased admissions. Fevers of the malarious type have been raging most fearfully in the suburbs and no less so in the city itself, and we strongly suspect this might have been the chief, if not the sole, cause which caused such a swell in the aggregate of out-patients. This, in fact, was so in our own little charity.

It is not enough to compare the general aggregate of one year with the general aggregate of another. We must take aggregates of the chief diseases and it is then that comparisons will lead to useful results. It is then only that we shall be able to find whether a year has been healthy in all respects, or whether it has been healthy in respect of one disease, unhealthy in respect of another.

It is, we think, altogether fallacious to draw any inferences regarding the healthiness or unhealthiness of a year from the aggregate of the death-rate in that year. A year is not necessarily unhealthy because of the large number of deaths occurring in it, and *vice versâ*. In order to draw any inference from the death-rate, it is necessary that we should classify the deaths not only according to the diseases which give rise to them, but, what is of the utmost importance, according to the duration of those diseases. All diseases are not rapidly fatal, nor fatal even within one year. In a particular year a disease may prevail epidemically, and the largest number of deaths from the disease or its sequelæ may take place in the following year or even years succeeding that still. These deaths cannot scientifically be put down to the credit of the year in which they happen to take place. In fact the year which may be unfortunate in bearing the

burden of those deaths may be itself exceptionally healthy as regards that disease, and even other diseases. Conversely, a year may be exceptionally unhealthy either with respect to all diseases or some particular disease, and yet may be singularly fortunate in having to record but few deaths. Hence we see that any inference that is drawn from the aggregate of death-rate is utterly worthless, unless it is shown that the deaths were the terminations of diseases which had begun in the year itself, and proved fatal by virtue of their own severity, or of unhygienic causes in operation in the year, and not to fault in the treatment or location of the cases.

Judged by the principle advanced above, the conclusions arrived at from the mortality rates of the year under report will appear to be over-strained. The rates of 1871 were certainly lower than those of 1870, and "Mr. Saunders, Deputy Inspector-General of Hospitals of the Presidency circle, lays great stress upon the improved dieting of patients in the Medical College and General Hospitals," whereas the Inspector-General, though admitting that "generous dieting is a primary requisite in Hospital management," is still of opinion that expensive feeding cannot account for general reduction in mortality, and is "constrained to believe that the year and community have been more healthy, and that the circumstances of the lower classes of natives who have always contributed, and do still contribute, the largest number of fatal cases, are improving."

Now the fact of two medical gentlemen coming to different conclusions from the same premises shows that the premises are too indefinite to justify any definite inferences, and confirms the views we have advanced above with reference to such statistical reasonings. The real fact with respect to the mortality rates of 1871 is that there was indeed a marked reduction in them, but that reduction was accounted for largely, if not wholly, by the decrease of cholera in the year. The year, therefore, was healthy as far as one disease, cholera, was concerned, and not in respect of all diseases.

From these general considerations we would have liked to descend into a discussion of particulars regarding the chief diseases which are the principal causes of admissions and of the deaths, but we are precluded from doing so by the want of

statistical returns running back a sufficient number of years, much as we had expected to find them in this the first Report of the kind. The only diseases of which we have statistical returns for a series of years, in addition to those of the year under notice, are small-pox, cholera, and the venereal diseases.

The annexed tabular statement (A) for small-pox gives only the deaths from the disease, and the statement is valuable inasmuch as it reaches so far back as 1832, and thus enables us to deduce certain conclusions which are remarkable. A glance at the table shows that the epidemicity of the disease is not altogether capricious, but seems to be governed by some sort of law as respects time at least. The epidemic violence of the disease would seem to recur after five or six years of lull as it were. Thus there was an epidemic in 1833, or rather in 1832—33, again in 1837—38, again in 1843—44, again in 1849—50, again in 1856—57, and again in 1864—65. In accordance with this law, an epidemic was to have been expected in 1880—81 but there was none; and consequently we are inclined to believe this most beneficial result has been due to the energy with which vaccination is being carried on since the last terrible out-break of 1863—64. This is indeed very satisfactory and very encouraging, and the authorities have only to persevere in order to stamp out one of the greatest scourges of the human race.

(A)

YEARS.	Deaths from small- pox.	YEARS.	Deaths from small- pox.	YEARS.	Deaths from small- pox.	YEARS.	Deaths from small- pox.
1832 ..	679	1842 ...	25	1852 ...	59	1862 ...	48
1833 ...	2,548	1843 ..	336	1853 ...	19	1863 ...	100
1834 ..	36	1844 ...	2,840	1854 ...	113	1864 ...	633
1835 ...	53	1845 ...	67	1855 ...	61	1865 ...	4,923
1836 ...	16	1846 ..	78	1856 ...	178	1866 ...	83
1837 ...	266	1847 ...	33	1857 ...	3,177	1867 ...	35
1838 ...	1,507	1848 ...	107	1858 ...	123	1868 ...	43
1839 ...	81	1849 ..	1,724	1859 ...	54	1869 ...	39
1840 ...	22	1850 ...	4,430	1860 ...	64	1870 ...	151
1841 ..	56	1851 ...	32	1861 ...	58	1871 ...	32
Total ...	5,264		9,672		3,906		6,087

With reference to cholera, we are indebted to Dr. Charles Macnamara for the annexed table (B) showing its prevalence in Calcutta during the years 1863—71. The fact of the diminution of the disease since 1870 is undoubted as it is unprecedented, and it is both natural and important to look for the cause or causes of this happy phenomenon. "The two most prominent circumstances which have coincided with this result are the provision for Calcutta of a pure water-supply and partial draining of the town." Dr. Macnamara is, of course, enthusiastically in favor of the water-supply. But whether the whole of this diminution of the disease is to be credited to this one circumstance has to be established on a far more satisfactory basis than we have yet data for doing. In determining this question we must not confine our attention to Calcutta, we must go beyond it, and in fact take a comprehensive survey of the statistics of the disease throughout Bengal at least. It is to be regretted that this has not been attempted in the Report, and consequently the question must remain *sub judice*.

(B)

YEARS.	NO. OF CASES TREATED.				NO. OF DEATHS.				Deaths registered by the Municipality.
	Medical College Hospital.	General Hospital.	Chandney Hospital.	Municipal Pauper Hospital.	Medical College Hospital.	General Hospital.	Chandney Hospital.	Municipal Pauper Hospital.	
1863 ...	554	95	159	...	239	41	74	...	...
1864 ...	763	174	210	...	415	88	128	...	...
1865 ...	595	102	246	...	324	47	126	...	...
1866 ...	998	177	453	...	499	188	251	...	6,826
1867 ...	312	78	195	41	153	48	83	21	2,268
1868 ...	565	120	253	106	235	65	130	57	4,178
1869 ...	468	61	270	95	260	44	129	50	3,592
1870 ...	236	76	109	44	104	37	46	23	1,560
1871 ...	96	27	24	32	44	16	16	16	790

With reference to the venereal diseases, both primary and their sequelæ, it is satisfactory to find that the arrangements

established under Act XIV of 1868 has already given promise of the beneficial consequences expected of them. The amount of venereal disease has decreased not only among the registered prostitutes themselves as the annexed statement shows, but has

		1870	1871
Hard chancre	... ..	437	138
Indurated bubo	... ..	53	12
Soft chancre	... ..	937	662
Suppurating bubo	... ..	94	28
Phagedænic sore	... ..	30	8
Sloughing sore	... ..	35	5
Secondary syphilis	... ..	187	71

also decreased among the general community as is strikingly shown by table (C) drawn up from returns submitted to the Deputy Inspector-General of Hospitals from the Medical College Hospital, the Native Hospital and its affiliated dispensaries, the North Suburban Hospital, and the Sukea's Street, Alipore, and

(C)

YEARS.	Cases of primary syphilis treated.	Cases of venereal disease of all kinds treated.
1865 ...	11,853	5,367
1866 ...	13,152	5,879
1867 ...	13,083	5,943
1868 ...	11,153	4,684
1869 ...	10,103	3,753
1870 ...	8,339	2,736
1871 ...	7,305	2,154

Bhowanipore Dispensaries. The decrease of the disease since 1868 is too steady and decided to be due to purely accidental causes.

From want of space we have not been able to take up the reports of the several institutions separately, and we regret this the more as there are various matters of interest connected with them. One of these matters is so important that we have made it the subject of a separate article.

TRAINING OF DHAIS OR NATIVE MIDWIVES.

Of all the distinct branches of medical science, midwifery comes perhaps into constant requisition. Accordingly the profession of a midwife is found to exist as a distinct profession, irrespective of general medical practitioners, in every country having any pretension to civilization. When therefore a Medical College was first established in India on the European model, one would naturally expect that, in a country where anatomy had been grossly neglected, Surgery and Midwifery should claim particular attention. But as a matter of fact no lectures were delivered during the first years of the College on the last named subject. It was not until some time after the Committee, which were appointed to conduct the first public examination in the College, had brought this defect into prominent notice, that a lying-in-hospital was added, and lectures began to be delivered on Midwifery. And it was not long after this that Dr. Henry Goodeve, the first Professor of Midwifery, "placed in the hands of the College Council, the sum of 3,600 Rupees for the perpetual maintenance of a Midwifery scholarship." We mention this fact as it is the only instance on record in this country, of a Professor of a College founding a scholarship. Neither will it be out of place to mention here that the late well known Baboo Prosunno Coomar Mitter was the first "Goodeve scholar;" and the examiners who tested his qualifications, concluded their report on the subject in the following terms:—

"In recommending Prosunno Coomar Mitter for the scholarship, we have much pleasure in adding that he has made himself most useful to the Professor of Midwifery, and has himself delivered upwards of one hundred women, many of whom were private patients and cases of difficulty, which occurred in the city, where the benefit of a superior plan of treatment is already beginning to be felt."

It is most unaccountable that the best way to extend far and wide the benefits which we derive from Midwifery, did not occur to any one having interest in the subject, until a few years ago, when the Civil Surgeon of a station far removed from the Metropolis of British India, took it into his head to give casual practical instructions in Midwifery, to some of the native women who had to do duty in his hospital. The Medical College Hospital in this city had ere this turned out it is true a few native midwives

whose services are considered to be considerably more valuable than those of the ordinary women of the profession, but any thing like giving a systematic training to them had never been thought of. Dr. Corbyn, the Civil Surgeon of Bareilly took the lead in this matter, and established a special school for midwives in that city four or five years ago; and such became the success of this institution as to induce the Government of India to enquire of the other Local Governments, whether similar plans might not be tried in their provinces.

As yet the training of midwives has met with some success in the N. W. Provinces. There women are now receiving training at the Bareilly, Budaon, Etawah, Benares and Shajehanpore Dispensaries, "and there are besides two schools for female doctors at Bareilly (Baboo Gunga pershad's and Miss Swain's), and Dr. Humphrey's school at Nynce Tal." The ex-pupils of these institutions are said to be doing useful service in different localities. The meed of success which has yet been achieved, has not however led Sir William Muir to speak of it as something extraordinary, as many of his brethren under similar circumstances are apt to do. He states in his report for 1870 that "the experiment is one of great interest and importance, but the results are at present too few to be dwelt on in this report." This moderate estimate of the amount of achieved success, redounds much to the credit of the Lieutenant Governor of the N. W. Provinces. We hope it will lead others to follow his example whenever they will have to report upon any experimental scheme that is in actual operation. In a country like India where the influence of the press is as yet confined within very narrow limits, and where the importance of authentic history as a branch of general knowledge, can hardly be said to be well appreciated yet, *color-de-rose* reports published by the Government, are productive of serious evils.

In the Punjab, only two midwifery classes seem to exist one at Delhi and the other at Umritsur. In the latter, Mrs. Hankin reads a book on midwifery to her class and explains all the details. In 1870, 8 in-door confinements are stated to have taken place and 268 out-door, all attended by the *dhais*. In difficult cases Mrs. Hankin is called in, and even the Civil Surgeon, if his aid is required. In the Central Provinces too, a similar institution

has started up at Jabalpur; and the Deputy Inspector General of Hospitals of the Sagar Circle states, that he uses his influence to establish a similar system of tuition in the other main dispensaries.

It is a matter of great regret that Bengal, instead of taking the lead in this respect, is behind some of the other Provinces mentioned above. Towards the close of 1869, a scheme was sanctioned for training up a class of native midwives in the Medical College and the General Hospitals at a cost of Rupees 6 per mensem per woman. The stipend has since been increased to Rupees 9, and yet the result has not been satisfactory, simply because care was not taken to make proper selections. Orders have now very properly been issued "to admit none but practising dhais or women whose training and profession hold out a reasonable hope of ultimate success." The scheme has been extended to the dispensaries in the twenty-one of the mofussil stations. "The result as far as 1870 is concerned was a complete failure. Cases could not be obtained and the only dispensaries in which confinements took place were Arrah and Moorsshedabad, in each of which three deliveries occurred. The prejudices among pregnant females against resorting to dispensaries for confinement were generally represented as very strong."

The meagre facts which we gather from the official reports at once suggest the remedy. None but professional dhais who are engaged in the duty from generation to generation, can be expected in the present state of things to evince any interest for the instructions which might be imparted to them in the Hospitals, and we are glad to see that this point has already received the attention of the authorities. The other point which requires to be particularly borne in mind, is the disinclination of pregnant females to resort to hospitals. As this prejudice or whatever it might be called, cannot now be overcome, the trained *dhais* should be encouraged to attend out-door confinements. It is thus that success has been attained at Umritsur, Bareilly and elsewhere. At the first named place, for instance, while the in-door confinements in 1870 were three, the out-door were 263. But the most important point has not been properly noticed in any of the published official reports, namely, the kind of instruction which is being imparted, or ought to be imparted to the

native midwives. It is hardly necessary to state that this subject is the most important, and is deserving of notice in detail. It appears to us that the anatomy of the pelvis and the physiology of the organs of reproduction should be fully explained to the *dhais*, in addition to teaching them the purely mechanical portion of their work. Lectures should also be delivered on the disease incident to the pregnant state and to parturition, and on the management of the mother and child during and after delivery.

We might notice here that the dispensary report of the North Western Provinces for 1869, contained an account of a female-medical school established at Bareilly in connexion with the dispensary. The students were taught ordinary English prose and arithmetic, besides receiving instruction in materia medica, anatomy, surgery, and the diseases of women and children. But we find no mention of the institution in the following year. We do not know whether it exists yet, or has been numbered with things that were. The institution has no parallel in India, and it is due to the Government of the N. W. Provinces that full particulars about it should be made public. We are opposed to superficial education of all kinds, and more especially superficial medical education, but we shall always be happy to study the results of any experiment which might be made anywhere on this most important subject. The history of failures has no less contributed to the progress of the sciences than the history of successes.

CLINICAL RECORD.

A Case of Cystic Tumor.

UNDER CARE OF DR. SIRCAR.

Kripamayi, a girl aged 5, was admitted in my out-door Dispensary, on the 24th April 1871, for a cystic tumor in the right temple close to the external canthus. The tumor had been growing for 3 years, and at the date of admission was of the size of a betel-nut. It was perfectly moveable, unconnected with bone, and was evidently cystic in character. I prescribed *Bar. c. 6.* which was continued till the 26th May. The only benefit derived was that the growth of the tumor was arrested. No medicine was given till the 4th August, when finding that the tumor had continued in the same state, I prescribed *Calc. c. 30.* This was continued till about the 18th, and then discontinued, no apparent benefit being seen. It was only the other day the girl was brought to me for other complaints, and I was astonished to see her perfectly cured of the tumor. I was assured no other medicine was given to the girl, than what I had given her.

Remarks.

The interesting question in reference to this case is, how was the cure, the total disappearance of the tumor, brought about? So long as she was taking the *Calc.* no apparent improvement was seen in the tumor, but it began to diminish in size, till it disappeared altogether, after its discontinuance. Does not the case offer an instance of a medicine acting long after its cessation?

Correspondence.

ULATKAMBAL IN DYSMENORRHOEA.

To the Editor of the Calcutta Journal of Medicine.

DEAR SIR—Strange! such unmeaning trash should find a place in the pages of your Journal. The two letters which appeared in your last July and August numbers, anent my article on "Olatkambal in dysmenorrhœa," published in the last July number of the *Indian Medical Gazette*, have betrayed a spirit too vindictive, and unworthy of the profession to which both the correspondents seem to belong. The *National Paper* has very justly remarked,—“in the two letters which have appeared in the above Journal (*Cal. Jour. of Med.*) since the publication of Baboo Bhoobun Mohun Sircar's statement, there runs an undercurrent of feeling, which to say the least, is not the right one. There are gross misrepresentations in both the letters, unworthy of an honest discussion of any question, and

we observe none of the correspondents has treated the subject from a scientific point of view, as we had a right to expect from scientific persons."

As the July and August numbers of your Journal were issued in the latter part of *November*, I cannot possibly excuse you or your learned correspondents for having overlooked the erratum published in the *September* number of the *Ind. M. Gazette*, which runs thus :—"In Baboo Bhoobun Mohun Sircar's paper on ulatkombol, published in our July number at page 254, line 12 of first column, for 1869 read 1859." It needs no ghost to show, that both your correspondents having based their arguments on wrong premises, tried in vain to contest the priority of my claim to the credit of the discovery of the medicine in question.

One of your correspondents, evidently blinded by sinister motives, has so far forgotten himself, as to state in his letter,—“it is not easy to believe that he (B. M. Sircar) had so large a number as five *hundred* cases of dysmenorrhœa to treat with the most beneficial results, invariably no doubt.” I leave it to you and to your readers to decide how far he is justified to question the veracity of my statement.

In answer to the remark made by your correspondent L. M. S.—“Is it possible that one drug can cure a disease which happens to be called by one nosological name, but which arises from so many different causes ?” I would simply refer him to the 4th paragraph of my article, in which it is distinctly stated (I think in plain English), that—“the curative action of this medicine is seldom ineffectual in the neuralgic and congestive forms of dysmenorrhœa, or the modifications of both these forms, but it is of no use in the mechanical form of the disease.” His remarks on the advertisement, using such expressions as—“under the guise of Messrs. B. M. Sircar & Co” are too mean and insignificant to deserve comment.

In conclusion, I have to remark, that your correspondent L. M. S. in his mischievous attempt to vilify an *individual*, has most unjustly tried to under-rate a *drug*, which in his own words, “is a well-known domestic remedy.”

Your's truly,

BHOOBUN MOHUN SIRCAR.

[We reserve our comments on the whole correspondence for our next.—*Ed. Cal. J. Med.*]

Clennings from Contemporary Literature.

HOW TO TREAT PREVAILING DISEASES.

A Historical Review.

BY CONSTANTINE HERING, M. D.

1. Hohenheim, 1526. 2. Sydenham, 1676. 3. Hahnemann, 1810.
4. J. G. Gruber, 1841. 5. J. G. Rademacher, 1841. 6. Grauvogl, 1860
7. Boenninghausen, 1863, and appendix.

1. Hohenheim, 1526.

Hohenheim, so much slandered under the name of *Paracelsus*, was the first physician who apprehended the great truth that prevailing epidemics in all their different forms, by which they present themselves to the physician, need a prevailing remedy for their cure.

Hohenheim narrates that once, while treating a patient with ulcers on the lower extremities, a malignant dysentery broke out and attacked many persons. During this time his noble patient was probably neglected, as people call it, when the physician performs his duties there, where the most danger calls upon his time and strength.

When *Hohenheim* had found the remedy characteristic of this dysentery, and again returned to his patient with the ulcers, he perceived that the discharge from these ulcers was remarkably similiar in colour, quality and smell to the evacuations of his dysenteric patients, which he had cured. He therefore prescribed the same remedy for the ulcer and with the same good effect.

Though such a procedure is so clear, still *Hohenheim* is the first who promulgated it. Only a master in curing, as *Hohenheim* truly was, could do it, only he, who gave as an axiom in therapeutics: from the cures we learn the remedy, and not from the causes, as the cure will show us the cause.

With *Hohenheim* and *Leonardo da Vinci*, from whom H. could have learned it during his travels, our recent investigation begins, based on facts and experiments, and not on prejudged general opinions, as was the habit with the ancients. Thus our new science arose; thus all the foundations of astronomy, physic, chemistry, etc., were found.

All this was wrongfully credited to Lord Bacon, although he had hardly any idea of the value of the experiments, and only wrote as the courtier of King James; discarding all the great discoveries of his contemporaries, from Copernicus down to Harvey. Liebig, of Munich, and Draper, in New York, fully proved this in their works.

Hohenheim's doctrine did not get lost, but the learned physicians objected to the expressions, used by *Hohenheim*. Although he rejected in the strongest expression the "making gold," (a process which Lord Bacon

thought possible,) still he was constantly accused of it, because he used the word "alchemy," where we now-a-days speak of chemistry. Nobody can deny him the honor of being the founder of our physiology, as he already speaks of the alchemist of the stomach. He may be also considered as the founder of our new pathology, by his doctrine of Tartarus, and of prevailing epidemics. Whereas he derides "astrology," and ridicules and makes fun of it, wherever he can, he calls epidemical influences, "astralic," and speaks of astronomy as a fundamental column of medical science, while we would express the same idea with the words: *Constitutio epidemica*, or *genius epidemicus*.

2. Sydenham, 1676.

Sydenham made quite a sensation, not only as a practitioner, but principally by his books. He was an accurate observer, but his theory and practice did not agree. We take the following from Russel's "*Heroes of Medicine*."

He bled freely, and gave sudorifics and purgatives; but he did all this as it were under protest. He expressed himself dissatisfied, and evidently regarded this method of practice as merely provisional. He may be looked upon as the herald of something imperfectly perceived,—of a dispensation infinitely better than that in which he was reared. It is a noble spectacle to behold a man discharging his duties to the best of his knowledge, and, in the full enjoyment of profit and admiration, steadily maintaining the radical imperfection of the system, practised and taught with greater success than any of his distinguished cotemporaries.

The chief weakness of medicine is, not our ignorance as to the ways and means by which certain indications may be satisfied, but our ignorance of the particular indications that thus want satisfying. How I can make a patient vomit, and how I can purge and sweat him, are matters which a druggist's shop-boy can tell me off-hand. "When, however, I must use one sort of medicine in preference to another, requires an informant of a different kind, a man who has no little practice in the arena of his profession."

"The great Sydenham," says Dr. Lettsom, "for all his labors, only gained the sad and unjust recompense of calumny and ignominy; and that from emulation of some of his collegiate brethren and others, whose indignation at length arose to that height that they endeavoured to banish him, as guilty of medicinal heresy, out of that illustrious society,"—that is, the Royal College of Physicians.

(From Rademacher's Justification), Sydenham was, as far as I know, the first one who called our attention to the fact, that not only in local epidemics the nature of the disease is the same in all patients, attacked at that time, but that the same identity of the nature of the disease takes place in the usual course of time, where the number of patients do not transgress the usual quantity, where therefore laymen do not think of epidemics. He called this *constitutio epidemica*, and justly distinguished

the morbi stationarii from intercurrent diseases. The justness of his observation has been affirmed by many physicians of later years, and though his system was rejected by later systematics, we may pass this over, as all their systems have long ago been thrown among old lumber.

I do not belong to that class of physicians, who ask in all observations, in all anatomical and physiological experiments—what is the use of it—who reject everything as foolishness, of which a practical use could not be immediately made. I rather consider such a rejection as a sign of a very limited mind, or at least as a proof that these rejectors stand rather low in their logical and practical education. But when two centuries have already passed away since an observation was made, which, like that of Sydenham, exclusively belongs to practice, and which has been confirmed by so many physicians; we might ask, without being considered impudent: What benefit has this observation of Sydenham brought to practice? That it was of little use to the practice of Sydenham, learned men acknowledged long ago; its entire advantage was, that he kindly thought, to bleed less or to purge less in one disease than in another. After years allowed him a greater name among masters of therapeutics, than our own times will grant. But even when his methods of cure were rejected as insufficient, practical physicians had always a sort of predilection for him, till he is now nearly forgotten by the younger generation. During my youth Sydenham had great attractions for me, though I abhorred his mode of treatment. Other physicians acknowledged the same; what might be the cause of such simultaneous affection and aversion? I explain it thus: Sydenham possessed a great deal of common sense, which is something that comes home to a practical mind. He rejects the prevailing theory as insufficient for the perception of the essence of the disease, he tells plainly his opinion, he is no hypocrite, but an open-hearted and truthful man. All physicians, who even had but an inkling of the insufficiency of their school-theory, were attracted to him as to a congenial spirit, although his queer modes of cure repelled them. Most probably they also had a foreboding of the great advantage, which might in the future accrue from Sydenham's observation, and thus he was always held in high estimation, although they knew not the why and wherefore. But how could it happen, that Sydenham's observation of nature remained of so little influence on his own practice? Because Sydenham wore to the end of his life the chains, which the school put on him in his youth; he rattled on them lustily and tried his best to break the fetters, but never succeeded in his endeavors.—This is speaking in flowery language, my readers will say. Perfectly so, but it pointedly denotes the state of Sydenham's mind. He looked for the false, the inaccessible of the ruling theory in that theory itself, and failed to perceive, that he must look for it in the foundation of it, in the pole from which it emanated. This theory, like so many earlier and later ones, started from a presumptive knowledge of the living human body. As physicians knew very little of the living human body, but imagine a great deal, it was perfectly without aim, to fight a theory without observing the basis of it, for thus he only fought a phantasma.

By the rejection of the theory he lost all firmness; too wise and too experienced to base a method of therapeutics on simple morbid cases and thus to preach empiricism, he tried to patch up a method of curing from some ebullitio humorum, some ataxia nervorum and other idle phrases, and thus to ease his fettered, but fighting mind. Of this Sydenhamic therapy it might well be said, as from the old chaos: *instabilis tellus, innabilis unda*; and we do not wonder, that with such fuddled views his observations of nature remained without influence on his practice. I feel convinced, that if he could have rid himself of the fetters of his age, if he had attacked, not the scholastic dogma, but its foundation, if he could have studied Paracelsus, who would teach him, that a sensible *therapia* must be laid on a real, cognoscible basis, on the curative action of remedies, and not on a nearly imaginary knowledge of the living body, he would have been the man, to take hold of such an idea, to follow it out and improve on it, and then the practical result of his observations of nature would have given better results.

The same fetters, which tied down the mind of Sydenham, chained also the mind of his admirers, and we are not astonished, that they harvested just as poor and valueless fruits from their observations, as their master did. How often did I find in authors, who wrote after Sydenham, the expression: the *constitutio epidemica* is nervous, or gastric, or inflammatory, or rheumatic. For heaven's sake! what great influence could such poor knowledge give for the diagnosis and treatment of the disease. Admitting, that it is better to know that a prevailing disease is gastric, than not to know at all where to put the seat of a disease, still it remains a poor knowledge, for there are many abdominal organs, and its diseased states so varied, that such a trifling knowledge will lose all its value.

We must fully comprehend, that the assertion of scholastic physicians, that *their theory is based on a strict knowledge of the human organismus*, contains a *contradictio in adjecto*, and leaves us no wiser, than a mere assertion: to sharpen the knife on a wooden grindstone, or to frame your windows in wooden lead; we must comprehend, that therapeutics, without any foundation, is but an untenable phantasma; we must comprehend, that the curative action of remedy is the sole recognizable basis, on which to erect a useful *Materia Medica*, and then we will also comprehend the practical value of the observations made by Sydenham.

3. S. HAHNEMANN. 1810.

What does Hahnemann teach? In his *Organon*, 1810, and 1833, 5th edition, with nearly the same words, he gives advice how to treat intermittent fevers.

We ought never to forget that he published his first edition after 20 years' daily researches, explorations and experiments, and we ought to know how carefully he has revised and corrected every new edition, even altering single words to make a sentence clearer. What he did not alter in the last edition, 23 years after the first, he then still approved.

The first edition of the *Organon* was printed 1810, the 2d nine years after, 1819, the 3d five years, 1824, the 4th five years, 1829, the fifth and

last, 1833, when the Anti-Hahnemannians among the Homœopatheians started their opposition. Hahnemann's doctrine how to treat epidemics, especially intermittents, is given here from the last edition, translated by Doctor Conrad Wesselhoeft, in Boston.

§ 100.

In the exploration of the totality of symptoms of epidemics and sporadic diseases, it is a matter of great indifference whether or not, anything of a similar kind or name ever occurred before in the world. Neither the novelty nor peculiarity of such an epidemic makes any difference in the mode of its examination or cure; because under all circumstances the physician should presuppose the pure image of any prevalent disease to be new and unknown, and he should, therefore, investigate it anew and thoroughly by itself, if he claims to be a genuine and thorough master of the healing art, who never allows conjectures to stand in the place of actual perception, or who never assumes a case of disease entrusted to him, as being entirely, or even partially known, without carefully penetrating into all its manifestations. The present instance demands this more particularly, because every prevailing epidemic is in many respects a phenomenon of a kind peculiar to itself, that will be found, on careful examination, to deviate much from all previous epidemics to which certain names are erroneously applied; excepting, however, the epidemics engendered by a miasmatic, smouldering contagion, such as small-pox, measles, etc.

§ 101.

It may easily occur that a physician meeting with the first case of a certain epidemic fails to perceive at once its perfect image; because every collective disease of this kind will not manifest the totality of its symptoms and signs until several cases have been carefully observed. But after having observed one or two patients of this kind, the carefully inquiring physician may already approach so near to the true condition of the epidemic as to become aware of its characteristic image, and even to find out a suitable and homœopathically appropriate remedy for the same.

§ 102.

By writing down the symptoms of several cases of this kind, the sketch of the image of the disease will become more complete; without being enlarged or more wordy, it will thus be more closely defined (more characteristic), and made to embrace more of the peculiarity of this collective disease. In the first place, general signs (such as want of appetite, sleeplessness, etc.) receive their own exact specification; secondly, the more distinguished and special symptoms, (rare at least in this connection, and peculiar only to a few diseases) will be made prominent, and will constitute the characteristics of the epidemic 82. Although all persons suffering from a prevalent epidemic, are affected by a like disease, each case being derived from the same source; nevertheless, the whole circumference of such an epidemic, and the totality of its symptoms, (the knowledge of which is

necessary in order to obtain a view of the perfect picture of the disease, and also for the purpose of selecting the suitable homœopathic remedy for the complex of symptoms) can never be observed upon a single patient, but can only be deduced (abstracted), and obtained in a perfect manner from the affections of several patients of different bodily constitutions.

§ 235.

As far as those sporadic or epidemic, intermittent 122 (alternating) fevers (not prevalent endemically in marshy districts) are concerned, we often observe that each attack (paroxysm) is likewise composed of two opposite, alternate conditions, cold and heat, or heat and cold ; but oftener of three : cold, heat and sweat. Hence the remedy selected for these diseases from the general class of proved medicines (generally the non-antipsorics), must also, in order to be most efficient, possess the power of producing in healthy persons, both, or the three alternate conditions similar to the natural disease ; or the remedy must, at least correspond homœopathically, in similitude of symptoms, as far as possible with the strongest, most prominent and peculiar alternate conditions (either with the cold stage and its collateral symptoms, or with the hot stage and its collateral symptoms, or with the sweating stage and its collateral symptoms—according to the most marked and peculiar of these alternate conditions.) But those symptoms which mark the condition of the patient during the apyrexia, should chiefly be taken as guides in selecting the most striking homœopathic remedy 123.

§ 244.

Intermittent fevers which are indigenous to marshy regions, or places subject to inundations, sorely try the patience of the old school of medicine; and yet a healthy person can, in youth, become accustomed to marshy regions and remain healthy, if he leads a well-regulated life and is not depressed by want, fatigue or by debilitating passions. Endemic intermittents will attack such a person only as a new comer ; but one or two of the moderate doses of a highly potentized solution of China-bark, will easily rid him of the fever, provided his mode of life is well regulated. However, if persons accustomed to proper physical exercise, and to wholesome bodily and mental habits, are not relieved of marsh-intermittents by one or two of such small doses of China, their case is always based upon psora striving towards development, and hence, their intermittent fever can not be cured in a marshy region without antipsoric treatment 125. Occasionally, patients of this kind, if they speedily remove from a marshy district to a dry, mountainous locality, will apparently recover (the fever leaves them) provided the disease had not become too deeply seated ; i. e. psora had not yet become fully developed, so that it could again assume its latent state ; such patients, however, will never be restored to health without antipsoric treatment.

4. S. G. GRUBER. 1841.

If we ask what fruits did Hohenheim's teaching bring forth in regard to prevailing diseases, we find one hundred and fifty years after, a high

standing writer adopting the general observations, but not the practical essence.

If we ask did Hahnemann learn anything from Hohenheim? we have to answer: no! because Hahnemann never read a line of Paracelsus, he was even an adversary to Stahl, following the stricter schools and trusting Haller and Sprengel, he supposed Paracelsus to be a mystical and visionary alchemist or astrologist.

Hahnemann studied Sydenham and admired his description of diseases, and up to 1790 was in the same discrepancy between theory and practice, until he discovered the way leading to the cure of diseases and by his own explorations and strict method he enabled every one of his followers to find to each epidemic the specific antidote. He solved the great problem for all time to come.

If we ask what fruits did Hahnemann's teachings bring forth after he made our art free from the monstrous contradictions between theory and practice by his provings of remedies, by his principles and by his guides to their application, and this, according to the so-called strictest method, we find nothing but new monstrosities. In a work of one of the most learned physicians of his time; (Gruber's *Encyclopaedia der Wissenschaften und Künste*, p. 382,) we read:

As to the genius epidemicus, we generally understand by it the disposition to a certain degree of reaction, which the organisms of the inhabitants of certain regions and parts of the country exercise towards attacking noxious influences; it is the expression of the vital power, penetrating in its totality a whole nation, and such an expression, like all reaction, is only possible in three directions, sthenic, asthenic or erethic. But as the erethic character is the normal one, coinciding with health, it usually remains in the background, till disease sets in, and is thus overlooked or not considered as the expression of epidemical influence, so that we usually speak only of a sthenic and asthenic genius. In fact the erethic character as a general thing, never lasts long, as it is the differential point, and every equilibrium of forces only holds good for a little while, to give way to the plus or minus. The period of the genius epidemicus erethicus is therefore more the period of oscillation, we might say, of the want of character in the totality of diseases, wherein individuality still appears more distinctly, but rather more locally than generally, and where we best study local diseases, as even prevailing diseases incline to localize themselves, so that one is tempted to drug a prevailing disease. Since 1825, when the sthenic genius epidemicus passed away, we observe a constant oscillation between it and the asthenic genius, especially up to the year 1836, with decided tendency to the sthenic character, but since then to the asthenic character, which explains the oscillation of physicians in their pathological and therapeutical views; all ultras were in trouble and though fighting against it, their consequence was broken, the times of rules seemed to have passed away and exceptions were upperhand; empiricism glorified, but every cool-headed observer foresaw that despair would follow such intoxication, and terribly enough it was

witnessed by all during the cholera season ; and truly nobody can be in a more pitiful plight, than the mere empiricist and routine man of the day, when the genius epidemicus oscillates between sthenic and asthenic, for he knows only his usual recipes, which he puts through with iron consequences, and he gives out, when obliged to travel another road ; at random he draws then from his bag of recipes, and he may yet cure usual cases, as the erethic character allows free action to the powers of nature, but against dangerous diseases, especially epidemic ones, as the cholera, he is without bulk and without advice, for though generality rules in the fundamental form, the individuality of the patient remains equally important and puts the physician in a labyrinth, whence only the scientific physician finds his way out. Here might well be applied the bold expression of the sage of Cos. Before the cholera, the oscillation was trifling, the erethic character nearly everywhere clearly expressed and with it the vis medicatrix naturæ everywhere active, the treatment therefore more negative, nearly expectative to get successful results, and thus physicians, who cling to their long recipes, lost many a patient, where a wise “do nothing” physician performed miracles with mere diet. This allowed Homœopathy to get some reputation, for the truth in it lay in the necessary march of development of the Genius of diseases, and there were no need of the frenzied monstrosities of the creator, to carry the crowd ; the silly expression of the old man from Coethen would only injure his cause with the better part of physicians, and prevented its recognition.—*North American Journal of Homœopathy.* August 1872.

(To be Continued.)

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THE MATERIA MEDICA.

27.—CAUSTICUM.

Chem. Comp. : Notwithstanding the analysis of "a skilled analytical chemist," who analysed four different specimens of *Causticum*, at the instance of Dr. Francis Black, and found evidence of the presence of Potash in all, but in varying quantities, we believe the chemical composition of this unique drug is as yet undetermined, and we would therefore protest against the proposal of Dr. Black to use dilutions of caustic potash as a substitute.* We are inclined to suspect

* "In order to satisfy my doubts I requested Mr. Wheeler, the Homœopathic chemist in Clifton, to carefully prepare *Causticum* according to Hahnemann's formula. The product looked and tasted like distilled water. I forwarded this specimen (marked No. 1), together with three other specimens of *Causticum*, 1st dec. dilution, to a skilled analytic chemist for examination. These specimens were (No. 2), the preparation of *Causticum*, 1st dec., from which my prescriptions had been prepared for some time by Mr. Wheeler. No. 3 was a similar dilution procured from Messrs. Turner and Co., and No. 4 the same, furnished by Messrs. Leath and Ross.

No. 1, the mother liquor of *Causticum*, proved to be a very diluted solution of *Potash*, but so very dilute that it was with great difficulty that any *Potash* was detected. Nos. 2, 3, 4, treated with *Chloride of Platinum*, gave very distinct evidence of being solutions of *Potash*, but not of the same strength.

that besides potash, *Causticum* may contain lime, in quantities not large enough to be betrayed by the oxalic acid test. We ought to apply the spectrum analysis to the determination of its composition, and we ought to await the result before we use pure potash as its substitute.

There are some points in the extract given below from Dr. Black's "Notes on Causticum," which require explanation, and which, but for such explanation, remain rather mysterious. For instance, Dr. Black says, "finding that the preparation, which I had for some time prescribed, corresponded much more with the description given by Hahnemann than that prepared according to his formula," &c. Again, "I believe the preparation I have been prescribing is a dilution of the *Hydrate of Potash (Potassa fusa)*, but which from keeping had deliquesced." Is it not strange that Dr. Black should have been ignorant of what he has been prescribing as *Causticum*? Either he was knowingly prescribing a dilution of the *Potassa fusa* prepared by himself, or *Causticum* as prepared by homœopathic chemists, in his case, probably by Mr. Wheeler. Why should he then hesitatingly say, "I believe the preparation I have been prescribing is a dilution of the solid *Hydrate of Potash*"? Homœopathic chemists, and no doubt Mr. Wheeler among them, must be in the habit of preparing *Causticum* after Hahnemann, as they have no right to alter the processes of preparation of homœopathic medicines. Why should

Finding, then, that the preparation which I had for some time prescribed corresponded much more with the description given by Hahnemann than that prepared according to his formula, I rejected the latter and continued to use the former.

In Hahnemann's process the *Sulphuric Acid* combines with the *Lime* and sets free a portion of *Potash*. The result of distillation ought to be distilled water, with perhaps a small portion of *Potash* carried over mechanically, but if the heat be increased more or less *Potash* is volatilised, so that the product may then be a solution of *Potash* of an uncertain strength.

I believe the preparation I have been prescribing is a dilution of the solid *Hydrate of Potash (Potassa fusa)* but which from keeping had deliquesced. There are various points in our Pharmacopœia that require revision, and a proper formula and fixed strength for *Causticum* is one of them. It is evident that the substance which Hahnemann describes is a solution of *Hydrate of Potash*, and I propose to continue using dilutions made from the *Liquor Potassæ* of the London Pharmacopœia.

The *Causticum*, such as Hahnemann procured it, may have been more akin to Brandish's alkaline solution than to the official *Liquor Potassæ*, for the former is a stronger solution than the latter, and is contaminated with some soluble alkaline salts, sulphate of potash, and chloride of potassium."—*Brit. Journ. Pharm.* July 1866.

then the *Causticum*, "carefully prepared according to Hahnemann's formula" by Mr. Wheeler at the request of Dr. Black, differ from the *Causticum* prepared at other times by the same Mr. Wheeler, and also the *Causticum* prepared by such homœopathic chemists as Messrs Turner & Co., and Messrs Leath and Ross? We do not see any reason why, unless we assume that these chemists, including Mr. Wheeler himself, are not always very careful in making their preparations, for it is easy to see that variation in the degree of heat employed to distil the causticum may affect the product in so far as the potash that distils over is concerned. And who knows that the lime might not be volatilized by the heat and so distilling over may constitute another active ingredient of Hahnemann's causticum?

Even should we fail to detect by our analyses anything but potash in the *Causticum* as prepared after Hahnemann's formula, we would not be justified in substituting caustic potash for *Causticum*, before having established by proving that caustic potash was identical in pathogenetic power with Hahnemann's *Causticum*. The greatest contribution of Hahnemann to science is the revelation of the action of infinitesimals on the human organism, and in the face of this fact, homœopaths at least ought to be very chary in hastily substituting one drug for another under the supposition of imaginary identity.

Concordances.

Moral and intellectual faculties.—Bar. calc. cham. con. ignat. lyc. PULS. sep. *Seat of the diseases.*—Acon. alum. ant-crud. arn. ars. aur. bar. BELL. bov. bry. CALC. cann. canth. carb-veg. chin. elem. con. creos. graph. hep. ignat. kali. led. lyc. MERC. natr. NATR-MUR. nitr-ac. N-VOM. op. par. petr. PHOSPH. ph-ac. plumb. PULS. RHUS. ruta. sabad. SEP. sil. spig. STAPH. SULPH. thuj. veratr. zinc.

Morbid states and sensations.—Acon. alum. arn. ars. asaf. aur. BELL. BRY. CALC. carb-veg. cham. chin. cic. cocc. coloc. con. creos. croc. dulc. graph. hep. ignat. jod. KALI. LYC. magn. MERC. natr. NATR-MUR. nitr-ac. N-VOM. petr. PHOSPH. ph-ac. plat. PULS. rhodod. RHUS. sabad. sassap. sec-corn. seneg. SEP. sil. spig. spong. stann. staph. stram. stront.

Glands.—Bell. bry. calc. con. kali. lyc. merc. PHOSPH. puls. rhus. sil. spong. SULPH.

Bones.—Bell. calc. chin. con. dros. hell. lyc. merc. ph-ac. puls. ruta. sep.

Skin.—Arn. ARS. asaf. bry. calc. carb-veg. chin. con. dulc. graph. hep. lach. led. LYC. MERC. mezer. nitr-ac. phosph. PULS. ran-bulb. ran-scel. RHUS. sep. sil. staph. stront. SULPH. thuj.

Sleep and dreams.—Bell. bry. CALC. con. graph. ignat. merc. natr. N-VOM. phosph. ph-ac. rhus. sep. sil. staph. SULPH.

Pyrosis.—Acon. arn. ars. BELL. bry. calc. graph. kali. lyc. merc. N-VOM. phosph. PULS. RHUS. sep. sulph. VERATR.

Time.—Ant-crud. bell. bry. lach. lyc. mezer. phosph. puls.

Exacerbation.—Acon. ars. ASAR. bell. bry. calc. carb-veg. cham. con. HEP. ignat. kali. lyc. N-VOM. phosph. PULS. rhus. sabad. SEP. sil. sulph.

Concordances in general.—Acon. arn. ars. asaf. asar. bell. bry. CALC. carb-veg. cham. chin. con. graph. hep. ignat kali. lach. LYC. merc. mezer. natr. natr-mur. nitr-ac. n-vom. phosph. ph-ac. PULS. ruta. sabad. Sep. sil. spig. staph. stront. SULPH. thuj. veratr. zinc.

Antidotes.—Asaf. coff. coloc. n-vom. spir-nitr. dulc.—(noc. coff. phosph. acetum).

Hahnemann's Preface.

Marble owes its indissolubility in water and its mild properties to an acid of the lowest order with which it is combined. When marble is made red hot, this gas escapes, and the marble, besides the latent caloric, unites with itself another substance, of which Chemistry has no knowledge, and which gives the lime, obtained from the marble, its caustic property, as well as its dissolubility in water. This substance, which is no acid itself, may be separated from the lime by distillation, by adding a liquid (fire-proof) acid having greater affinity for the earth than is possessed by that substance. It is thus obtained in the shape of a hydrated caustic, (hydras-caustici?)

Take a piece of recently burnt lime, weighing about 2 pounds, immerse it for a minute into a vessel full of distilled water, and then lay it into a dry cup, where it soon becomes pulverised, giving out much heat and a peculiar odour, called the vapour of lime. Of this fine powder you take 2 ounces, place it in the mortar which had been previously warmed, and then mix it with a solution of two ounces of the bisulphate of potash in two ounces of boiling hot water, the potash, before being dissolved, having been exposed to a red-heat, melted, cooled again, and then pulverised. This thickish preparation is inserted into a retort, to the open end of which the receiver which ought to be dipped in water to half its height, is hermetically fastened. The liquid is distilled over by gradually approaching a coal-fire to the retort, and until the preparation is perfectly dry. The liquid in the receiver is about one ounce and a half, as clear as water, and containing the Causticum in a concentrated form, which smells like the lye obtained from potash, and has an astringent and burning taste on the back part of the tongue. Its freezing-point is below that of water; it promotes the putrefaction of animal substances which are placed into it; with the salts of baryta it gives out no trace of sulphuric acid, nor any trace of lime-earth with the oxalate of ammonium.

One, or at most, two globules of the 30th potency are given at a dose, which often acts for upwards of 50 days.

The causticum which is mentioned in the second volume of the *Materia Medica Pura* is less perfect than this one; its symptoms are likewise less numerous, for this reason, that as soon as I became aware of the anti-psoric virtues of this powerful drug, I had it proved over again, in order to complete the list of its pathogenetic effects, and make its employment as a remedial agent much more certain and beneficial than it had been at a time when an imperfect knowledge of its pathogenetic symptoms frequently placed the practitioner in the necessity of using it to the detriment of the patient.

Causticum, if indicated, may be advantageously repeated after an intermediate remedy, and of a lower potency.

In the following affections this drug has been most useful, when exhibited homœopathically:—

Hypochondriac depression of spirits; melancholy; sad thoughts at night, and weeping by day; fearfulness; anxiety for the future; hopelessness; frightfulness; angeriness; peevishness; dizziness and vertigo; dull, gloomy pressure in the brain, making the head feel obtuse; stitches about the head; stitches in the temples; stitches in the upper part of the head, with tightness of the skin; lachrymation; inflammation of the eyes; agglutination of the eyes; incipient amaurosis; dark tissues hovering before the eyes; sparkling as of wavelets of light before the eyes; roaring and buzzing before the ears and in the head; roaring of the ears; eruption upon the tip of the nose; old warts on the nose, or in the eye-brows; painful teeth protruding from their sockets; chronic suppuration of one spot in the gums; fistula dentalis; ailments of the mucous membrane in the fauces and behind the palate; hawking up of mucus; repugnance to sweet things; faintish sort of qualmishness; vomiting of sourish water; pressure in the stomach, after eating bread; pressure and griping in the stomach; cramp-like pains in the stomach; stitches in the pit of the stomach; pressure in the epigastrium; pressure in the whole of the abdomen, after a meal; distension of the belly in children; inflation of the abdomen; incarceration of flatulence, with hard stool; chronic constipation; tough stool shining like grease; light coloured and white stool; cutting in the rectum during stool; hæmorrhage with the stool; itching of the anus; protrusion of the varices of the rectum; fistula of the rectum in the nates; urgent desire to urinate, with thirst; involuntary micturition day and night; involuntary emission of urine when coughing, sneezing or walking; a number of pollutions; want of erections; aversion of females to an embrace; delaying menses; menses too weak; soreness

of the pudendum between the legs ; leucorrhœa ; obstruction of both nostrils ; continual dry coryza ; chronic hoarseness ; short cough ; inability to throw up the phlegm which had been loosened by the cough ; short breathing ; stitches about the heart ; painful stiffness of the back, especially when rising from a seat ; stiffness in the nape of the neck and small of the back ; drawing and tearing in the scapulæ ; tightness in the nape of the neck ; swelling of a cervical gland, like a goitre ; drawing in the arms ; eruptions upon the arms ; pressing pain over the elbow ; sense of fulness in the hand, when grasping at something ; stitches in the fingers, as far as the elbow ; pains in the soles of the feet, the dorsa, malleoli, and toes, when walking ; cold feet ; swelling of the feet ; pain of the varices ; unsteadiness of the gait of a child, falling easily ; uneasiness in the body ; palpitation of the heart ; tremulous weakness ; anxious dreams ; chilliness ; sensitiveness to cold ; night-sweat.

This drug has been proved by Drs. Samuel H. Becker, Franz, Hartmann, Herrmann, Hornburg, Longhammer, Ng., Rummel, Stapf.

Pathogenetic Symptoms.

Mind :—

- . Sad, whining mood, as if beside oneself.
- . Melancholy mood.
- . The child cries at every trifle.
- . Excessively sympathising ; when persons relate the hard treatment which has been inflicted upon them, she is beside herself on account of weeping and sobbing, and is unable to calm herself.
- 5. Sad and somewhat anxious mood.
- . Anxiety, the whole day, as if he had done something bad or had to apprehend evil, or as if some accident had happened.
- . Anxious, uneasy mood, as if something disagreeable were impending over him ; this anxiety unfits him for work.
- . Great anxiety during the day.
- . Anxiety accompanying the bodily ailments.
- 10. Continual anxiety and sweat.
- . Anxious, and as if stupefied in the head.
- . Excessive anxiety, for 12 hours.
- . Anxiously solicitous about every thing which happens to him.
- . Apprehension whenever something happens.
- 15. Despondency, disinclination to business, excessive physical depression and failing of strength.
- . Discouragement.

- . Full of apprehensions in the evening.
- . Fearfulness at night.
- . When closing her eyes, she sees nothing but terrible visions and distorted human faces.
- 20. Extreme, anxious fearfulness ; she was so much afraid of a dog, which, however, did not hurt her, that she trembled over the whole body ; every noise in the street frightened her ; when she saw boys climbing she had the greatest fear lest they should hurt themselves.
- . She is so fearful and anxious that she does not care about living any longer.
- . He dwells upon thoughts of death, being tormented by uneasiness and great solicitude.
- . Excessive irritability of the mind ; the slightest vexation affects her body so much that her knees fail (give way).
- . Dissatisfaction with one's-self, with gloomy looks.
- 25. Long silence with an expression of chagrin.
- . Out of humour and taciturn, whereas he felt very cheerful previously (immediately).
- . Sullen and ill-humoured, in the forenoon.
- . Very much out of humour and indolent.
- . Out of humour the whole day, dissatisfied with one's-self, solicitous, and nevertheless not indisposed to intellectual activity.
- 30. Out of humour the whole day ; every thing which surrounded him made a disagreeable impression upon him.
- . Out of humour and desponding, without being vexed.
- . Vexed, irritated mood.
- . Vexed, irritated ; music gives him no pleasure.
- . Vexed and whining mood.
- 35. Very sensitive, irritable and vehement. Irritated about trifles.
- . Unbounded inclination to feel offended.
- . Sensitive and disposed to anger, with great nervous irritability ; at the same time one easily feels chilly, and heated by exercise.
- . After the siesta one inclines to feel very much irritated, with great despondency.
- . Disposed to quarrel and create a disturbance, being in a sullen mood.
- 40. Quarrelsome. Disposed to quarrel and create a disturbance, without being vexed.
- . Rebellious mood.
- . Quarrelsomeness and furious desire to insist upon one's opinion.
- . Indisposed to work.

- . Sometimes joyous and soon after vexed mood.
- 45 . At times desponding, at times excessively merry.
 - . During the first 12 hours he feels cheerful, in a light mood, with an easy flow of ideas ; 24 hours after taking the medicine (in the morning after waking up and the whole forenoon) he feels anxious, tremulous, sleepy, with obtusion of the head, weight and pressure in the occiput and forehead, heaviness in the limbs, almost constant pains in the joints and muscles of the fingers, arms, shoulders, knees and feet.
 - . Although he had an inducement to become excited, for instance by political discussions, he nevertheless remained pretty quiet ; it is true, he felt a little hurt, but he did not give vent to his feelings, (curative effect,) (the first hours.)
 - . Bright mood, self-content and talkativeness the whole day (curative effect) ; he constantly wished to talk to some body, (curative effect.)
 - . Good humour and talkativeness, in the forenoon.

Sensorium :—

- 50. Weakness of memory.
 - . Absence of mind.
 - . Want of attention and absence of mind.
 - . Indisposed to be attentive.
 - . Momentary absence of mind ; he appeared to reflect on something, without however having any thoughts.
- 55. A sort of absence of mind, when doing something, he imagined that he had something more important to do, without however knowing what ?
 - . He reflected on this thing, without however thinking any thing.
 - . Weakness of thought, slow train of ideas.
 - . He frequently pronounces words wrong, and confounds (transposes) letters and syllables, for instance cluent foryza instead of fluent coryza, for several days.
 - . Dulness of the head, as if it were (screwed in or) intoxicated, with redness of the face.
- 60. Cloudiness of the mind.
 - . Obtusion of the head from morning till evening, as if he had staid in a close room, in which they wash and dry linen ; aggravated when stooping ; not passing off when walking in the open air, but when re-entering the room.
 - . Obtusion and heat of the head.
 - . Dizzy in the morning when waking up, with painful obtusion of the head.

- . A momentary, painful tightness, and obtusion of the head, almost resembling a dull, throbbing headache ; passing off after a meal.
- 65. The head feels dizzy in the morning, and as if affected with a cold.
 - . The head feels stupefied and intoxicated.
 - . Vertigo, and feeling as of intoxication, with absence of mind.
 - . He constantly feels as if he would fall over, without any vertigo.
 - . Vertigo, as if from spirituous drinks.
- 70. Vertigo, almost like loss of consciousness ; when sitting down after a walk, he came near falling.
 - . Vertigo when standing or sitting, with heaviness of head, which turns.
 - . Vertigo, with anxiety (impatience) in the whole body.
 - . Vertigo with weakness in the head.
 - . Vertigo, forwards and sideways.
- 75. Vertigo in the morning, when rising from the bed.
 - . Vertigo and falling over, without any apparent cause.
 - . Vertigo when fixing one's eyes on one point.
 - . Violent vertigo, when looking upwards towards a high tower ; he falls over.
 - . Momentary vertigo when sitting, as if he would stagger.
- 80. Vertigo when stooping, it passes off when raising one's head ; in the morning.
 - . Vertigo when standing.
 - . Vertigo in the open air ; every thing turns with her, persons appear to her larger than formerly ; the vertigo passes off in the room.
 - . Vertigo abating in the open air.

Head :—

- . Headache, with nausea.
- 85. Stupefying pain in the forehead when sitting and reading ; it did not pass off when walking or standing.
 - . Pain in the upper part of the head, as if the brain were torn or dashed to pieces, especially in the morning when waking up.
 - . The whole of the brain is painful when shaking the head.
 - . Feeling as if the brain were loose and became shaken by walking in the open air.
 - . Nightly headache, as if an ulcer were in the head.
- 90. Disappearance of a morning-headache, which had existed a long while, (curative effect.)
 - . An occasional pressure deep in the head, with heaviness of the head.

- . Headache, as if something became wedged in between the frontal bone and the anterior parts of the brain, or as if there were a hollow behind the frontal bone.
- . Aching in the right frontal protuberance.
- . Aching in every part of the head, with pinching in the ear, and boring tooth-ache.
- 95. Aching in the right temporal bone, and in both temples.
 - . Aching in the right side of the head, as far as the eye.
 - . Itching in the right temple.
 - . Aching in the upper border of the temporal bone.
 - . A slow pressure over the right orbit.
- 100. Sharp pressure in the left side of the forehead.
 - . Sudden pressure in the vertex, in the region of the coronal suture, as from a stone falling upon the part.
 - . A drawing aching in the fore-part of the forehead.
 - . Drawing ache in the right side of the occiput and the muscles of the nape of the neck, increasing when walking rapidly ; it comes on in the open air.
 - . Contractive pressure in the forehead, in the open air ; it becomes more violent in proportion as he walks more rapidly, and suddenly disappears when stooping low.
- 105. Compressive headache.
 - . Dizzy the whole week, as from compression of the head.
 - . Pain in the temples, pressing outwards, day and night, with nausea unto vomiting.
 - . The head feels heavy and screwed in, this feeling passes off in the open air.
 - . Feeling in the head as if every thing would issue through the forehead, when stooping.
- 110. Tight headache coming from the nape of the neck.
 - . Tight and drawing headache between the eyes.
 - . Tightness in the right temple and the eye, which felt paralyzed.
 - . Tightness on the left side of the head.
 - . Drawing pain in the occiput.
- 115. Drawing on the left side of the top of the head, frequently.
 - . Drawing in the left side of the forehead.
 - . Violent, drawing pain in the temple, increasing gradually to the highest degree and then disappearing suddenly.
 - . Tearing in the head, which is neither aggravated nor diminished by exercise or rest, for several days, more or less violent.
 - . Tearing pain in the middle of the forehead and the cervical vertebræ, when in a heated room during the day, and when

smoking tobacco ; especially in the night when the pain prevented him from sleeping.

120. Tearing in the left side of the head, especially the forehead and temple ; it commenced in the evening, increasing continually, with swelling of the painful side.
- . Violent tearing in the left side of the head, especially in the temple, (the latter symptom at 4 o'clock in the afternoon.)
 - . Painful tearings in the right temple.
 - . Lancination towards the left side of the vertex.
 - . Lancination in the head, commencing in the forehead and extending through the whole of the head until it reached the right side.
125. Stitches and warmth in the head.
- . Stitches in the temples.
 - . Stitches in the left side of the head, for several evenings.
 - . Stitches, for half an hour, on the right side of the head in the direction of the top.
 - . Violent stitches in the occiput, for half an hour.
130. Dull stitches in the left temporal bone ;—they spread all round in a circle, after which the pain either abates or disappears.
- . A sort of lancinating headache, in the morning when waking up, and continuing almost the whole day.
 - . Erratic, slow stitches in the left side of the fore-part of the head above the eye.
 - . Tightness and stitches from the lower part of the forehead as far as the vertex.
 - . He feels an aching and cutting in the upper part of the frontal bone, immediately after he quickly moves his arms when stooping.
135. Painless searching, (digging) in the whole of the head.
- . Jerking headache in the right side of the head and forehead.
 - . Jerking and pinching pain in the head.
 - . Jerks and violent shocks through the head, every minute, in every position of the body, both when at rest and in motion.
 - . Beating and throbbing in the top of the head, as if the brain would come out, in the morning after rising.
140. Throbbing pain, painful throbbing in the cerebral arteries.
- . Attacks of throbbing in the vertex, mixed with stitches.
 - . Throbbing pain in the right side of the occiput ; it passes off by rubbing the vertex, which then feels bruised.
 - . Violent throbbing in the forehead, for 3 days, especially in the afternoon, with tightness in the nape of the neck.

- . Throbbing headache in the right temple, during motion; when at rest, it is a mere ache.
- 145. A beating ache in the forehead as if with a blunt pointed body.
 - . Dull, painful beating of the arteries in the head, above the orbits.
 - . Orgasm of the blood in the head, as if one were intoxicated; this passes off in the open air.
 - . Roaring of the blood in the head, in the evening.
 - . Congestion of blood to the head, with heat in the head.
- 150. Internal warmth and heat in the head, without any external heat; after dinner it is especially felt in the forehead.
 - . Internal warmth in the forehead and the back, as if sweat would break out.
 - . Burning in the right temple and side of the forehead, or in the region of the vertex.
 - . In front of the top of the head one frequently experiences a burning which produces a sense of coolness.
 - . Burning headache in the forehead, as if the brain were inflamed, when coming out of the open air and entering the room.

Scalp :—

- 155. Sudden pain in the occipital bone, when sitting, as if some parts of the muscles had been displaced.
 - . Sensation in the occipital bone, as if the parts were numb, pithy or dead.
 - . Pain as of a contusion or a bruise on a small place of the vertex, merely when touching the part.
 - . Pain in the upper part of the head, when touching it or pressing upon it.
 - . Painfulness of the hairy scalp when rubbing it.
- 160. Frequent drawing and pressure between the eyes.
 - . Tightness and warmth in the forehead and nose, with a slight drawing in the eyes from time to time.
 - . Tension of the integuments of the head.
 - . Tearing and burning in the hairy scalp in front of the vertex.
 - . Sense as of shaking or trembling in the skin of the right temple, which continues until one lies down.
- 165. Motion of the integuments of the head towards the forehead.
 - . Creeping sensation on the top of the head.
 - . Itching of the hairy scalp.
 - . Dartings in the scalp.
 - . Itching of the forehead.
- 170. Stinging itching of different parts of the head, of the right and left parietal bone, forehead, right cheek, behind the left

zygoma towards the ear and of the upper part of the temporal bone.

- . Involuntary nodding with the head, as if some one pressed him down, (while writing.)
- . Falling off of the hair.

Eyes:—

- . Aching in the eye, going off when touching the eye.
 - . Aching in the eyes, commencing in the forehead.
175. Pressure in the orbits and behind the eyes.
- . Violent aching in the eyes, in the morning, before he is able to keep his eyes open ; when closing them again, the pain subsides.
 - . Pressure in the eyes as if sand were in them.
 - . Pressure in the upper eye-lid, as if a sty would form.
 - . Pressure as from a swelling in the upper eyelid, as if a sty would form.
180. Pressure in the right eye, as from swelling of the eyelids, which are red, with lachrymation.
- . Aching over the right eye, as if the upper eyelid would be pressed down.
 - . Pressure in the eyes as if they were being pressed upon from without, and would come out.
 - . Pressure in the left eye as if it were being pressed out.
 - . Pressure in the eye, as if it were distended.
185. Distending pain in the right eyeball.
- . Drawing in the right eyebrow.
 - . Tearing and pressure in the eyes.
 - . Itching over the eyes.
 - . Itching in the eyes and in the corners going off by rubbing, with subsequent lachrymation.
190. Itching in the right eyeball, in the morning.
- . Itching of the eyes, especially of the lids.
 - . Itching over the lower eyelid and its inner surface ; accompanied with burning when touching or moving the eye.
 - . Itching like flea-bites, in the inner canthus, with inclination to rub the eye.
 - . Voluptuous itching of the right canthus which obliges one to rub, one hour.
195. Smarting in the eyelid.
- . Smarting in the eyes, as if caused by salt.
 - . Smarting and pressure in the eyes which feels heavy, with redness of the eyelids.
 - . Itching soreness in the inner canthus of the right eye, in the

morning after waking up, as if salt had got into the eye, inducing violent rubbing, which nevertheless increases the soreness until the eye begins to run, without redness.

- . Pain, as from excoriation, of the left eyelid.
- 200. Heat in the eyes.
 - . Burning in the eyes, without redness.
 - . Burning in the eyes and dryness of the same, in the afternoon ; or in the evening, with pricking in the eyes, accompanied by photophobia.
 - . Burning in the inner canthi of both eyes.
 - . Burning of the left eyelid.
- 205. Burning pain in the margin of the eyelids, as if caused by gunpowder.
 - . Inflammation of the eyes with burning and aching.
 - . Periodical inflammation of the eyelids, with hardened gum between the lashes.
 - . Inflammation of the eyes, with pressure in the eyes by day, and agglutination in the morning.
 - . (Scrofulous ophthalmia.)
- 210. Agglutination of the eyes, in the morning.
 - . Feeling of dryness of the eyes, with pressure in the eyes.
 - . Friction in the eyes as of sand.
 - . Dryness of the eyes in the morning, then stiffness, and lastly lachrymation.
 - . (Suppuration of the eyes.)
- 215. Lachrymation of the eyes, especially in the open air.
 - . Lachrymation even in the room, but mostly in the open air.
 - . Profuse lachrymation in the room, without any redness.
 - . Cessation of lachrymation.
 - . Eye-gum in and about the canthi.
- 220. Twitching of the left eyebrow.
 - . Visible jerking of the eyelids and the left eyebrow.
 - . Sensation as if the eyelids were swollen, especially in the morning.
 - . Sensation of weight in the lower eyelid, as if he could not well raise it, or as if it were agglutinated, and he could not get it loose easily.
 - . Disposition to close his eyes ; they closed involuntarily.
- 225. Difficulty of opening the eyes, with sensation as if the lids were swollen, mostly early in the morning.
 - . Sensation as if the eyes would close on account of feeling so tired and weak.

- . Tired and weak feeling of the eyes.
 - . (Inveterate warts on the eyebrows.)
 - . First the pupils seem to contract ; in ten or twelve hours they dilate.
230. Dilatation of the pupils.
- . Great obscuration of sight, half an hour.
 - . Momentary obscuration of sight, when blowing the nose.
 - . Frequent obscuration of sight, especially when looking at the light, as if he were dazzled by too strong a light and were then unable to see.
 - . Obscuration of sight ; a sensation descending from the head into the left eye and causing the light to look like a number of shining points in a black circle.
235. When reading, a few of the letters become invisible.
- . Frequent obscuration of sight, as if the eyes were covered with a fine skin.
 - . Obscuration of sight, in the morning when blowing the nose, as if a pellicle were drawn over the inner canthi of the eyes covering half of the pupils.
 - . Obscuration of sight, as if a gauze were drawn over the eyes, when standing.
 - . Occasional obscuration of sight, as if the eyes were covered with a gauze.
240. Dimsightedness as if a thin pellicle were drawn over the eyes, or as if mist were before the eyes, increased by wiping and rubbing.
- . Dimsightedness as if a thick fog were before the eyes, also in the morning after waking up ; it lasts until one has finished washing one's self.
 - . Longsightedness, the first day ; he is unable to read without spectacles.
 - . When lying down, small, round figures rise before his eyes, even when they are open.
 - . When looking at a thing too long, the objects before him begin to waver and become confused ; this causes an aching in his eyes.
245. Movements before the eyes as of a swarm of insects.
- . Flitting to and fro before the eyes, as of wavelets of light.
 - . Sensation as if a gauze were before the eyes.
 - . Fiery sparks before the eyes, even by day.
 - . When winking, he sees fiery sparks even by day.
250. Photophobia ; his eyes are painful when moved and looking at the light of day.

- . Photophobia the whole day ; he is constantly obliged to wink with his eyes.
- . (Incipient amaurosis.)

Ears :—

- . Pain in the ears, in the evening, in the right meatus auditorius.
 - . When cleaning the ear, the meatus feels as if it were sore and ulcerated.
255. Aching in front of the ear.
- . Tightness behind the ear.
 - . Sensation in the ear as if the inner parts would protrude.
 - . Pain in the ears as if the inner parts would protrude and as if the ears would burst open ; it is a tearing pain, with itching.
 - . In the evening, when lying down, the left ear and the whole left side of the head feel narrower ; he is unable to fall asleep when lying on this side ; when touching the parts the flesh felt as if it had been severed from the bones ; this symptom was relieved by pressing upon the parts with more force.
260. Straining (dragging) pain in the ears.
- . Tearing in the left ear.
 - . Tearing in the tympanum, accompanied by a light gloominess in the head.
 - . Boring pain in the right ear.
 - . Alternate boring and beating behind the left ear.
265. Boring lancinations behind the left ear, externally, frequently accompanied by a sudden general sweat ; they lasted about eight minutes and came on several times a day.
- . Stitches in the right ear, in the form of jerks, and in quick succession.
 - . Stitches in the region of the mastoid process.
 - . Intermitting prickings in front of the right ear.
 - . Lancinating pain in the ear, with roaring as of a violent wind.
270. Stitches in the external margin of the ear, with a burning pain, especially in the evening when in bed.
- . Tingling in the left ear, as if caused by an insect, with itching.
 - . Itching in the left ear.
 - . Itching in the ear, in the Eustachian tube, beginning in the throat.
 - . Stinging itching, in the forepart of the right meatus auditorius.
275. Itching of the lobules, as if caused by a small tetter.
- . Sensation as if a cold wind blew against the external meatus of the right ear.
 - . Tumour behind the ears.

- . Swelling of the external ear with a contractive pain.
- . Swelling of the meatus auditorius, with straining pain and discharge of a bloody fluid.
- 280. Running and suppuration of the internal ear, with a bad smell.
 - . Air gushes into the ear during an eructation.
 - . Feeling of obstruction in the right ear.
 - . Feeling of obstruction in the ears, early in the morning.
 - . Echo in the ears every morning.
- 285. Her words and steps re-echo in her ears.
 - . The sounds are re-echoed in the ear, which causes a hardness of hearing.
 - . Ringing in the left ear.
 - . Ringing before the right ear, in the evening.
 - . Whistling in the left ear.
- 290. Clear singing in the ears as of a cricket when heard at a distance, then beating, then again singing.
 - . Humming before the ears.
 - . Humming in the right ear.
 - . Roaring before the ears, frequently during the day.
 - . Roaring in the evening, shortly before going to bed, first, before one, then before the other ear ; one minute.
- 295. Noise before the ears as of water rushing over a dam, with hardness of hearing.
 - . Detonations in the right ear.

Nose :—

- . Drawing in the wing of the nose, commencing in the external canthus of the right eye.
- . A lancinating tearing through the right wing of the nose.
- . Tickling in the left nasal cavity, which passes off by external pressure.
- 300. Itching of the nostrils.
 - . Violent itching of the nose.
 - . Itching of the tip of the nose and the wings.
 - . The septum of the nose is painful to the touch.
 - . Soreness of the lower part of the nose, as in violent cold.
- 305. Soreness in the interior of the nose.
 - . Frequent swelling of the nose, going off again in the evening.
 - . Pimples on the tip of the nose.
 - . Pimple on the root of the nose.
 - . Falling off of the hairs of the nostrils, which used to be very numerous.
- 310. In the morning he expels a bloody substance from his nose, several mornings in succession.
 - . Violent bleeding at the nose.
 - . Violent bleeding from the left nostril.
 - . Total obstruction of the nose, with absence of smell.
 - . (Old warts on the nose.)

Face :—

- 315. Sickly appearance of the face.
 - . Yellowness of the face.

- . Sickly complexion, yellowish about the temples, pale-bluish lips.
- . Short, violent drawing pain in the right cheek, and afterwards in the ear.
- . Tearing in the left cheek-bone.
- 320. Pain in the face, arthritic tightness in the facial bones, (Jahr.)
- . Tearing in the left cheek, below the ear.
- . Tearing and stitches in the cheek.
- . Stitches in the cheek, in the region of the lower jaw.
- . Beating and jerking in the muscles of the cheeks, little perceptible.
- 325. Intense, burning pain in the upper part of the cheeks, in front of the ears, as if an eruption would break out.
- . Burning, and also burning with a sensation of coldness, in the zygomata (malar bones).
- . Swelling of the cheeks, with a throbbing pain.
- . Itching of the face.
- . Itching about the head, nose and chin.
- 330. A good deal of itching about the nose, chin, neck, and below the ears.
- . Itching of both eye-brows, the left zygoma, the temples and ears, going off by scratching.
- . Burning itching near the nose.
- . Corrosive itching in the face with congestion of blood to the face, heat and redness, and subsequent breaking out of a number of small, red pimples.
- . Eruption in the face.
- 335. Fine eruption in the face, which may be rather seen than felt.
- . Pimple (eruption) between the eye-brows, above the nose.
- . Eruptions (pimples) on the left cheek, with violent itching.
- . Red eruptive pimples on the left side of the forehead, left temple, nose, and middle of the chin, filled with pus, stinging when touched, and becoming covered with scurf when healing.
- . Burning vesicles in the face, emitting a corrosive liquid when touched, which, when drying, forms little scabs.
- 340. Spasmodic sensation in the lips.
- . Fine tearing in the lips.
- . Pain in the lip, as if it became sore.
- . Red spot above the upper lip, which looks as if it were a fissure, and causes a burning pain.
- . Soreness in the left corner of the mouth.
- 345. Itching all around the mouth.
- . Swelling of the upper lip, with an eruptive pimple with itching and tingling.
- . Eruptive pimple in the left corner of the mouth, with stinging and tingling.
- . Small eruptive pimples below the left corner of the mouth, for twenty-four hours.
- . Eruptive pimples near the upper lip.
- 350. Vesicular eruption in the right corner of the mouth, very painful when eating.

- . Ulcer, causing a burning pain, on the inner side of the upper lip.
- . Herpes on the lower lip.
- . A pustule with a red areola on the chin, not far from the lower lip.
- . Drawing tight pain in the lower part of the chin.
- 355. (Somilateral paralysis of the face, from forehead to chin.)
- . (Old warts on the nose and eye-brows.)

Teeth and Jaws:—

- . Tearing in the lower part of the chin.
- . Tearing in the middle of the lower jaw.
- . Burning, lancinating pain in the right side of the chin as if one were cutting with a piece of glass from within outwards.
- 360. Inflammatory swelling below the chin, as if an abscess would form, with a burning pain.
- . Pain in the right joint of the lower jaw.
- . Sensation of tightness and pain in the jaws, so that it is very difficult for her either to open her mouth or to eat, one tooth being also a little too high.
- . He is unable to separate the jaws without great trouble, nor to open the mouth properly; feeling as if the parts below the jaws were tight or swollen.
- . Drawing, extending first from the right, then from the left branch of the lower jaw towards the joint, and thence again backwards towards the corners of the mouth on each side.
- 365. Tearing in the right lower jaw.
- . Arthritic pains in the lower jaw.
- . Prickling and searching sensation in the lower jaw.
- . Burning pain in the lower jaw.
- . Toothache of the right molar teeth, both upper and lower.
- 370. Toothache with a good deal of spitting.
- . Painful sensitiveness of the teeth to the touch.
- . Both the teeth and gums are very sensitive in the morning.
- . When opening the mouth, there are painful dartings through the teeth.
- . Pain in a sound tooth, when cold air gets in.
- 375. Peculiar sensation in the roots of the teeth, which obliges him to gnash his teeth.
- . Nightly pain in the teeth, as if they were ulcerated, also by day when moving her mouth.
- . Violent pain in the teeth like soreness, in the morning; then throbbing in the teeth; the pain disappeared when the gums began to bleed.
- . Aching of the teeth.
- . Dull aching, or pressure as from without, affecting the roots of the two anterior and superior molar teeth.
- 380. Drawing in the teeth.
- . Drawing toothache in the second right molar tooth, extending rather from below upwards in the external surface of the tooth, and reaching as high as the temple.

- . Violent, drawing toothache, with itching between the teeth.
- . Drawing pain in the lower teeth of the left side.
- . Tearing in the roots of the lower teeth, early in the morning, recurring every 4 minutes.
- 385. Tearing toothache, extending even into the head and left eye.
- . Tearing toothache, in both rows of the right side, reaching as high up as the zygoma; the jaws of this side feel bruised when pressing upon them or when chewing.
- . Tearing pain in all the teeth, as if they would fall out.
- . Tearing in a rotten root of one of the lower left teeth.
- . Tearing in the posterior left upper molar tooth, worse in the open air.
- 390. Stinging toothache.
- . Stitches in the tooth, when biting upon it.
- . Dull stitches in the upper molar teeth, upwards.
- . Dull stitches in the lower molar teeth, downwards.
- . Boring pain in one of the lower molar teeth, reaching into the nose and eye.
- 395. Prickling and searching pain in the lower molar teeth, extending as far as the ear.
- . Violent jerk in the teeth, almost immediately.
- . Throbbing toothache, with pain in the gums, which prevented him from pressing upon them when chewing.
- . Throbbing pain in an affected molar tooth.
- . Burning pain in the hollow teeth, when eating or drinking.
- 400. Toothache, pressing, tearing and lacerating, day and night, with red (erysipelatous) swelling of the cheek, and a tumour on the gums passing into suppuration; for 7 days.
- . Looseness of some teeth.
- . Painful looseness of the incisores.
- . Vacillating (loose) incisores.
- . The gums are painfully sensitive, without any toothache.
- 405. Dull, drawing pain in the gums of the lower jaw.
- . Swelling and painfulness of the gums, both in front and behind.
- . Swelling of the left side of the gums, with great sensitiveness when eating, and a spasmodic pain in the evening.
- . Swelling of the gums with an acrid feeling in the pudendum when urinating.
- . Violent bleeding of the gums.
- 410. (Some of the teeth are painful and feel elongated.)
- . (Chronic suppuration of one part of the gums.)
- . (Fistula dentalis.)

Mouth:—

- . Swelling of the inner side of the cheek; he bites it when chewing.
- . Pain on the left side of the tongue, as if he had bit it.
- 415. Soreness upon and under the tongue and in the palate.
- . Pain in the tip and the edges of the tongue, as if they were

- . Burning, scraping sensation in the tip of the tongue, as if it had been burnt with something glowing hot, attended with a great flow of saliva, and flat taste in the mouth the whole day, which did not pass off when eating.
- . Burning in the tip of the tongue.
- . Dry tongue and thirst.
- 420. Vesicles on the edges of the tongue.
 - . Painful vesicle upon the tongue.
 - . Painful vesicle on the tip of the tongue.
 - . (Paralysis of the tongue.)
 - . Distortion of the tongue and mouth when talking.
- 425. Sensation as if the tongue were adhering to the palate.
 - . (Stuttering, difficult, sibilant and indistinct speech.)
 - . Sore place in the upper part of the palate.
 - . Soreness and burning in the palate.
 - . In the anterior part of the palate there is a place which, when touched with the tongue, feels painful as if it were ulcerated.
- 430. Stitches on the left side of the palate.
 - . Tingling and burning prickling in the back part of the palate.
 - . Roughness in the mouth, as if it were lined with a skin, preceded by a scraping sensation on the tongue.
 - . Burning and scraping sensation in the mouth, when smelling the drug.
 - . Dryness of the mouth and lips, without any thirst.
- 435. Great dryness of the mouth, without thirst, the whole forenoon.
 - . Dryness in the mouth, with thirst, the whole day.
 - . Burning dryness in the mouth.
 - . A good deal of mucous saliva accumulating in the mouth.
 - . Accumulation of watery saliva in the mouth, in the forenoon, with qualmishness.
- 440. Accumulation of water in the mouth.
 - . Accumulation of water in the mouth, having a rancid taste.

Pharynx and Œsophagus :—

- . Phlegm in the throat, which she is unable to hawk up, but has to swallow, half an hour after dinner.
- . Frequent hawking up of mucus, which is immediately formed again.
- . Hawking up and throwing off of a quantity of mucus, with soreness and burning in the fauces, from 5 o'clock in the evening until night.
- 445. Hawking up of a quantity of tough mucus which is first loose, afterwards tenacious.
 - . Dryness in the throat, without thirst.
 - . Dryness of the throat, in the morning.
 - . Dryness of the throat, with a dry, hacking cough.
 - . Alternate dryness and moistness of the throat.
- 450. Dryness in the throat, perceived when swallowing, afterwards scraping sensation in the throat.
 - . Scraping sensation in the fauces, felt especially in the evening and when swallowing.

- . Rawness and acrid feeling in the throat, with heartburn.
- . Roughness of the throat, with sensation as of heartburn.
- . Roughness of the throat, with a sensation as if air were wanting when breathing.
- 455. Acrid and raw pain in the throat, with a sensation during empty deglutition as if the substances glided over a plug.
 - . Rough, hoarse throat, with soreness either during, or between, speaking and swallowing.
 - . Soreness in the throat, behind the palate.
 - . Burning and stinging soreness in the fauces and about the uvula, increasing during deglutition.
 - . Sensation as if the inside of the throat were torn, not during deglutition, but when exerting the mind, and when lifting and carrying.
- 460. Sensation of swelling and roughness in the throat.
 - . The fauces feel too narrow and closed by swelling.
 - . She is constantly obliged to swallow; her throat feels as if it were not wide enough; when swallowing, she feels a dryness in the throat.
 - . Constant disposition to swallow.
 - . Sore throat, as if a tumour were in the throat; with a stinging pain.
- 465. Pressure in the throat, behind the palate and in the region of the epiglottis.
 - . Dull pressure in the fauces, and likewise under the sternum, as if one had swallowed too large a morsel.
 - . Choking pressure in the fauces, early in the morning when waking up, as if one had swallowed too large a crust of bread, without chewing it properly.
 - . Violent soreness of the throat, which almost prevents him from swallowing; this causes a pricking pain in the throat; relieved a good deal after dinner.
 - . Sore throat, as if the lower part of the tongue had grown fast.
- 470. Frequent sensation of constriction in the throat.
 - . Sensation of coldness in the throat, ascending rapidly and extending over the palate, with frequent accumulation of saliva.
 - . Audible cracking, in the throat.

Taste and Appetite :—

- . Taste in the mouth as if the stomach were spoiled, in the afternoon; for several days.
- . An acrid fluid is secreted in the mouth.
- 475. Bitter taste in the mouth, only for a short while.
 - . Viscid, glutinous taste in the mouth.
 - . Greasy taste in the mouth.
 - . Putrid taste in the mouth.
 - . Violent thirst, for many days.
- 480. A good deal of thirst, for several mornings.
 - . Violent desire for cold drinks, from morning till afternoon.
 - . Violent desire for beer.
 - . He eats too hurriedly.

- . Hunger at an uncommonly early hour.
- 485. A sort of ravenous hunger.
 - . Excessive hunger which gives him a headache, relieved by eating.
 - . Sensation as if one had eaten enough and had no appetite; an hour afterwards one feels hungry and eats with appetite, and relishes what one eats.
 - . Little appetite, but he relishes what he eats.
 - . Little appetite, but a good deal of thirst, especially after a meal.
- 490. Diminished taste of what one eats.
 - . Want of appetite; hunger, but one does not relish one's food, for 3 days.
 - . She has an appetite, but she dares not eat, without, however, loathing food.
 - . Although he sat down to a meal with appetite, yet it disappeared immediately.
 - . He has an appetite, but when eating, he immediately feels a loathing of what he eats.
- 495. Loathing in the beginning of a meal.
 - . Aversion to sweet things.
 - . He can only eat smoked meat; when eating fresh meat, he feels nauseated, even unto vomiting.

Gastric Symptoms:—

- . When taking something, without having an appetite, she immediately feels full and satiated, with a sensation as if the stomach would not take anything, and she would feel better when not eating.
- . When walking after a meal, water accumulates in her mouth, and there is more moistness in her nose.
- 500. After a meal she feels as if the food had remained lodged in the throat.
 - . After a meal she has for a long time the taste of the food in her mouth.
 - . Accumulation of mucus in the throat after a meal.
 - . Heartburn after supper.
 - . Nausea after having eaten her supper, with appetite.
- 505. Oppression of the stomach after breakfast.
 - . Shortly after a meal he feels a cutting pain extending from the pit of the stomach towards the abdomen, with taste of the food in the mouth, and eructations tasting of the ingesta, with obtusion of the head, diarrhoea and chilliness; he had to lie down.
 - . Cutting pinching in the abdomen, already during the meal, which disappeared immediately after the emission of flatulence.
 - . Violent distension of the abdomen after a meal.
 - . After a meal the abdomen feels full immediately, with uneasiness and drawing in the abdomen.
- 510. Grunting (rumbling) in the abdomen after a meal, when the stomach is too full.
 - . Tenesmus after dinner, the stool being hard and being passed

- . with much bearing down.
- . Itching of the anus after dinner.
- . Water in the nose after drinking; it then secretes a greater quantity of humour.
- . Sharp pressure on the chest after dinner, especially when walking, independent of respiration, (first three weeks.)
- 515. Stitches in the left side of the chest after a meal.
 - . Tremor and anxiety after supper.
 - . Chilliness after a meal.
 - . Chilliness after a meal, with heat in the face.
 - . Warmth and redness in the face after a meal.
- 520. A good deal of heat in the face and eyes after a meal.
 - . Sensation as of having spoiled one's stomach, with distension of the abdomen.
 - . Empty, tasteless eructations of mere air.
 - . Frequent, loud, long continuing eructations.
 - . Eructations smelling of the ingesta.
- 525. Eructations tasting of the ingesta, 5 hours after a meal.
 - . Eructations tasting as of food which had not been digested.
 - . Eructations tasting of the soup which one had taken early in the morning.
 - . Eructations having an agreeable almond-like taste.
 - . Eructations smelling of musk.
- 530. Violent eructations, with an acrid and bitter taste.
 - . Suppressed eructations; they only reach the middle of the throat.
 - . She constantly feels an inclination to eructations, but they are unsuccessful and cause her all sorts of trouble.
 - . Eructations with choking in the œsophagus, which oppresses the breathing, and goes off by repeated eructations.
 - . Burning eructations in the afternoon and evening, without any bad taste.
- 535. Heartburn.
 - . Frequent burning rising from the stomach, as if he had eaten pepper.
 - . Hiccough.
 - . Constant sensation as if lime were being burnt in the stomach, with a sort of rolling rising of air.
 - . Frequent gulping up of insipid water, or rising up of such water into the mouth, with nausea, going off by eructations.
- 540. Gulping up of water, several times, with soreness in the anus.
 - . Frequent attacks of waterbrash, in the forenoon, the rising water tasting salt.
 - . A kind of waterbrash; in the evening, when lying down, cool water gets into her mouth which she is obliged to spit out.
 - . Qualmishness of the stomach, with alternation of chilliness and heat.
 - . Feeling in the stomach as if one were fasting.
- 545. Qualmishness about the stomach.
 - . Feeling of nausea in the throat.

- . Sort of qualmishness in the stomach, without any inclination to vomit.
- . Nausea, (immediately.)
- . Nausea with anxiety.
- 550. Nausea before a meal, with hunger.
- . Nausea ; half an hour after, hunger, in the afternoon.
- . Nausea every morning.
- . Nausea and inclination to vomit, the whole afternoon, until evening.
- . Nausea in the stomach, as if one would vomit, with frequent gulping up of water, which one is constantly obliged to spit up.
- 555. Inclination to vomit with sensation of emptiness in the stomach and a sourish-bitter taste in the mouth.
- . Sour vomiting, frequently followed by sour eructations.
- . Vomiting of coagulated blood, at night.
- . (Vomiting of the ingesta.)

Stomach :—

- . Stomach-ache, with gulping up, going off after dinner.
- 560. Feeling of emptiness in the stomach, although she had eaten enough, in the afternoon.
- . Violent pain in the stomach, in the morning shortly after rising, increased by every rapid motion ; with heat in the right side of the head ; she is obliged to lie down ; at times the pain seems to be seated in her stomach, at times in her chest.
- . Pain in the stomach, abating when lying down.
- . Pain as from bruises in the stomach, which are also felt when pressing upon it.
- . Pressure in the stomach, early in the morning after rising from bed, and only when sitting.
- 565. Pressure in the stomach, early in the morning before breakfast, and shortly after a feeling of constriction in the abdomen.
- . Pressure about the orifice of the stomach, increased by pressing against the edge of a table, also by reading or speaking loud, lying upon the back, and the air touching the abdomen.
- . Violent pressure in the scrobiculus cordis.
- . Pressure in the scrobiculus cordis as from an icicle, recurring with the regularity of musical beats.
- . Tight pain in the scrobiculus cordis.
- 570. Spasm of the stomach.
- . Spasm of the stomach, resembling a pressure and a contraction, early in the morning when waking up from a frightful dream, with nausea and gathering of water in the mouth.
- . Contractive, not very painful sensation in the region of the stomach.
- * . Sudden gripings in the scrobiculus cordis.
- . Pinching and sudden gripings in the scrobiculus cordis, during a deep inspiration.
- 575. Stitches in the scrobiculus cordis, with a sensation as if they contracted the heart.

- . Stitches in the stomach, ten minutes.
- . Tingling in the region of the stomach.
- . Continual agreeably warm sensation in the stomach and the abdomen.
- . She feels a shuddering, when the pain in the stomach increases.

Hypochondria :—

580. Sharp stitches in the left hypochondrium.
- . Violent stitches in the region of the first false ribs of the left side.
 - . Short and burning pain in the left hypochondrium.
 - . Tight aching in the liver when lying upon the back.
 - . Stitches in the region of the liver, in the afternoon, for four hours.
585. Stitches in the region of the liver, when riding in a carriage, in a place of the size of an egg ; the stitches were felt when feeling the part, accompanied by great drowsiness and general lassitude.
- . Painful stitches below the right ribs, in the evening.
 - . Violent stitches below the last true rib of the right side.
 - . Painful tearing in the liver, in the evening.

Abdomen :—

- . Pain in the abdomen, early in the morning.
590. Pressure in the abdomen reaching as high up as the œsophagus.
- . Pressure in the stomach and abdomen, below and above the umbilicus, accompanied by three attacks of diarrhœa every night, and periodical stitches arresting the breathing, and extending from the back through to the right side of the abdomen in front.
 - . Pressure in the abdomen, many afternoons in succession, so violent that she was unable to perform her housework.
 - . Pressure in the hypogastrium, as of a load.
 - . Dull aching deep in the hypogastrium, finally accompanied by fever, heat, anguish and uneasiness, so that he was neither able to sleep nor to remain lying at night ; the hypogastrium was painful to the touch, as it is in inflammation.
595. Aching in the hypogastrium and short breathing, early in the morning after rising.
- . Distension of the left sub-costal region.
 - . Distension of the left side of the abdomen, extending as far as the groin.
 - . Distension and inflation of the abdomen, so that it gives her great trouble to breathe, accompanied by the emission of a quantity of flatulence.
 - . Great inflation of the abdomen, which obliges her to loosen her dress, accompanied by the frequent emission of loud flatus, which, however, give but short relief.
600. Considerable inflation of the abdomen, especially in the evening.
- Inflated abdomen with internal pressure, especially during a deep inspiration.
- Fulness and hardness of the abdomen, in the evening.
- Painful distension of the abdomen, which obliges her to loosen

her dress ; accompanied by colic resembling spasm.

. (Pot-belliedness of children, with glandular swellings.)

605. Tightness in the right side of the abdomen.

. Tightness and pressure in the epigastrium.

. Contractive tightness in the stomach and abdomen.

. Sensation of contraction around the epigastric region.

. Pain in the abdomen, as if it were being drawn together with a rope, when breathing.

610. Jerking contraction in the abdomen, at noon.

. Pain in both loins, as if they were clawed.

. Pinching belly-ache, with paleness of the face.

. Pinching around the navel, early in the morning, when in bed, going off after rising.

. Pinching around the epigastrium, returning frequently.

615. Pinching in a small spot of the right side of the abdomen, below the umbilicus, after a meal.

. Pinching and cutting in the right side of the abdomen, as if diarrhœa would come on.

. Violent pinching and cutting in the whole of the abdomen, with fermentation.

. Cutting in the abdomen with emission of flatulence, during an inspiration.

. Cutting in the epigastrium, in a space like a small band, accompanied by soft stool ; going off after dinner.

620. Cutting colic early in the morning, followed by three soft stools, with feeling in the abdomen, the whole day, as if diarrhœa would come on.

. Cutting pain in that part of the hip which is next to the organs of generation ; it is felt during motion, especially when walking.

. Stitches in the abdomen, continuing for a long time in succession, so that he was unable to remain seated.

. Stitches in the right side of the abdomen, in the evening.

. Stitches in the right side of the abdomen from without inwards, extending through the abdomen and coming out at the small of the back.

625. Violent stitch in the left side of the abdomen.

. Shooting stitch in the left side of the abdomen.

. Sharp stitches in the left loin, near the last false rib.

. Sharp stitches over the left hip, near the last false rib.

. Sharp stitches in the right loin over the os ilium ; they dart upwards in the direction of the ribs, but go off very quickly, like an electric spark.

630. Dull stitches above the os ilium below the last false rib.

. Dull stitching pain in the right side of the abdomen, when in a recumbent posture.

. Dull stitch in the right side of the abdomen, followed by a pain as from bruises in the last true ribs, which may be likewise excited by feeling the part.

. Prickings over the whole abdomen.

- . Pain as from bruises, and pinching in the right side of the chest; afterwards stitches coming out at the pudendum, and of frequent occurrence.
- 635. Feeling of emptiness in the abdomen, relieved by pressing upon it.
 - . Tingling in the umbilicus, with a sensation as of diarrhoea coming on.
 - . Tingling and motion in the abdomen, as after being purged.
 - . Pulsations in the abdomen.
 - . Sensation of coldness in the abdomen, with cracking and snapping, as of electric sparks, in that part.
- 640. Burning pain in the abdomen, around the region of the stomach, rousing him from sleep; the pain is not lasting.
 - . Swelling of the umbilicus, with pain all around, when touching it.
 - . Liability of the abdomen to taking cold; when the air touches it, he feels a pressure in the stomach and is attacked with diarrhoea.
 - . Jactitation of the muscles, in the lower and left side of the abdomen, when sitting crooked,
 - . Stinging burning in the right side of the abdomen, with a sensation as if something would get loose.
- 645. Pain as from bruises in the groins, sometimes with stitches.
 - . Stitches in the right groin from above downwards, as if hernia would come on, after breakfast.
 - . A pressing beginning in both lumbar regions and extending towards the fore part of the abdomen, with unsuccessful desire to urinate; when sitting.
 - . A good deal of incarcerated flatulence, (the first week.)
 - . Accumulation of flatulence in the abdomen, after a slight meal, which causes a protrusion of the varices of the rectum, these are painful and moist.
- 650. Motion of flatulence in the abdomen, with cutting pain; this symptom goes off after an evacuation.
 - . Rumbling in the abdomen, with frequent emission of flatulence.
 - . Loud rumbling in the abdomen, when sitting, as if brought on by emptiness.
 - . Audible grunting and croaking as of toads.
 - . Emission of flatulence upwards and downwards.
- 655. Frequent emission of flatulence.
 - . Frequent emission of loud flatulence, the whole afternoon.
 - . Frequent emission of flatulence without any abdominal ailments.
 - . Frequent emission of flatulence, after breakfast.
 - . Frequent emission of fetid flatulence, without any pain.

Stool:—

660. No stool. Constipation.

Frequent and unsuccessful desire to pass stool, accompanied with a good deal of pain, anxiety and redness of the face.

Frequent desire to pass stool, without expelling any thing else except flatulence.

- . (Tough stool, shining like grease.)
- . (Light-colored, white stool.)
- 665. Tenesmus ; the rectum is painfully and spasmodically contracted which prevents stool being passed ; the tenesmus continued.
 - . Tenesmus with grunting in the abdomen.
 - . With the desire to pass stool one feels an apprehension lest something untoward might happen to one.
 - . The stool is expelled more easily when standing.
 - . Hard, firm stool.
- 670. Sensation as if flatulence would be emitted, during which *fæces* are passed.
 - . He is obliged to rise in the night, to perform an alvine evacuation, the stool being very soft.
 - . The stool was expelled in pieces ; after this there was a contraction at the rectum, and now the stool was expelled soft and of the size of a goose-quill.
 - . Soft stool, with emission of flatulence.
 - . Stool half thin. Diarrhoea-like stools, half liquid.
- 675. Liquid stool.
 - . Diarrhoea, with tenesmus and burning at the rectum.
 - . Liability to diarrhoea by the abdomen catching cold.
 - . Evening-diarrhoea.
 - . Nightly diarrhoea.
- 680. A lumbricus is passed with the stool.
 - . Stool with white mucus.
 - . Mucus and bright blood are expelled with a knotty, difficult stool, without any trace of varices.
 - . Painless discharge of blood with soft stool.
 - . Bloody stool,--with burning and soreness of the rectum.
- 685. Writling pain in the abdomen previous to stool.
 - . Stitches in the rectum during stool.
 - . Burning in the anus, subdued pulse and palpitation of the heart, after stool.
 - . Burning in the anus after stool ; it makes him weak.
 - . Tremulous lassitude and palpitation of the heart after stool.
- 690. Anxiety in the chest, after stool, heat in the face and inclination to sweat.
 - . Anxiety in the chest, in the evening after stool, and greatly distended abdomen.
 - . Anxiety after stool.
 - . Hard, then soft stool, succeeded by asthma, afterwards distension and pinching of both hypochondria, especially of the right ; it is felt at every step one makes.
 - . Nausea after stool, frequently.
- 695. After the third stool, all of which occurred on the same day, saltish and slimy water flowed out of his mouth, (waterbrash).
 - . Discharge of the prostatic juice after stool.
 - . Pressure in the rectum, the whole day.
 - . Continual pressure in the rectum and anus, worse after stool.
 - . A pressing pain frequently and suddenly darts through the

rectum.

700. Sensation as if something hard, like a pippin were lodged in the rectum.

. Pressing in the rectum as if fæces were lodged in it which want to come away.

. Spasm in the rectum which made walking impossible ; she had to sit still.

. Stitch in the lower part of the rectum, (previous to the meal.)

. Excessive itching of the anus, day and night.

705. Violent itching of the rectum and the pudendum.

. Itching and stinging of the rectum.

. Tingling itching of the anus.

. Tingling in the rectum.

. Smarting pain in the rectum, after stool.

710. Violent burning at the anus, during stool.

. Soreness of and oozing of humour from the rectum.

. Varices of the rectum hindering stool.

. Large, painful varices

. Soreness of the varices of the rectum, intolerably increased by walking and by reflection.

715. Hard varices, painfully stinging, and alike burning either when touched or when walking, standing or sitting ; relieved by stool ; for a fortnight.

. Swollen varices, with itching, stinging and a good deal of humour oozing out.

. Large, painful pustule, near the anus, discharging a quantity of pus and blood, accompanied by great physical depression.

. Pain in the perinæum.

. Strong pulsations in the perinæum.

720. (Fistula of the rectum.)

Urinary Organs:—

. Pain in the bladder ; he is unable to emit any urine ; if a few drops come out, he feels violent pains in the urethra, with constipation and spasms of the rectum.

. Unsuccessful tenesmus ; if a few drops should come out, he has a violent pain in the bladder, and when trying to relieve this pain by walking a good deal, spasms in the rectum moreover supervene.

. Pressing desire to urinate without any thing being passed ; after waiting a good deal, only a very little comes out, and the desire soon returns, without however any pain.

. Frequent and urgent desire to urinate.

725. Urgent desire to urinate, after walking.

. Frequent pressing desire to urinate, which is followed by chills in the open air, going off in a room.

. Frequent and urgent desire to urinate, with involuntary emission of some drops of urine.

. Frequent tenesmus of the bladder without passing any urine ; this is followed by an involuntary emission while sitting.

. Frequent tenesmus of the bladder at night.

730. At night he is obliged to rise twice for the purpose of urinating, the urine being passed in abundance; accompanied by diarrhoea which soon however disappears.
- . Wetting the bed, with violent erection, without however any voluptuous sensation.
 - . Involuntary emission of urine at night, when asleep.
 - . Involuntary emission of urine when coughing or blowing the nose.
 - . Emission of urine at intervals.
735. Retarded emission of the last drops.
- . Emission of little urine accompanied by great thirst.
 - . The urine glides out so easily that he scarcely feels it, and is not aware, in the dark, of his passing any.
 - . Uncommonly profuse emission of urine.
 - . Frequent, increased micturition; the urine soon deposits a yeast-shaped sediment.
740. Frequent emission of a large quantity of urine.
- . Frequent and pressing micturition, the quantity of urine which he passes, being much greater than the quantity of water which he drank.
 - . Frequent emission of a small quantity of urine without any pain or pressing desire.
 - . Light-coloured urine like water.
 - . The urine is frequently dark-brown.
745. Redish urine, without any sediment.
- . When left standing the urine becomes turbid and flocculent.
 - . A quantity of mucus in the urine, which may be distended.
 - . Burning in the urethra when urinating.
 - . Burning in the urethra when passing the urine, in the region of the frænulum.
750. Burning micturition after a pollution.
- . Burning in the urethra or in the root of the urethra when urinating.
 - . Acridity during and after micturition; corrosion in the pudendum as of salt.
 - . Pain in the urethra after urinating in the evening, accompanied by dull pain in the top of the head.
 - . Itching of the orifice of the urethra.
755. Cutting in the urethra.
- . Burning sensation in the urethra.
 - . Sudden burning in the urethra, at night.
 - . (Hæmorrhage from the urethra.)

Genital Organs:—

MALE— Burning pain in the penis.

760. Large, red patches on the penis.

- . Increase of gum (Smegma) about the glans, an excessive quantity of it being secreted behind the glans.
- . Itching of the frænulum.
- . Itching of the inner surface of the prepuce, at times titillating, at times smarting.

- . Vesicles under the prepuce which were changed to suppurating ulcers.
- 765. Itching scurf on the inner surface of the prepuce.
 - . Aching in the testes, at noon.
 - . Aching in the right testicle as if it were contused.
 - . Tearing in the testes
 - . Stitches in the right testicle.
- 770. The scrotum itches and perspires.
 - . Itching of the scrotum and the skin of the penis.
 - . Itching and cutting pain of the septum (raphe) of the scrotum.
 - . Increase of the sexual desire.
 - . Excessive increase of the sexual desire, with want of disposition for any kind of work.
- 775. The sexual desire not much excited.
 - . The penis would not become erect during an embrace.
 - . Voluptuous thrills in the penis, which is only half erect.
 - . Frequent and short erections, in the morning, after an embrace.
 - . Erection with a desire for an embrace, in the morning.
- 780. Stiffness of the penis the whole forenoon.
 - . Desire to emit the semen.
 - . Violent pollutions, and continual and excessive erections, at night and the whole forenoon.
 - . Pollutions, several nights in succession, also during the siesta, (in an otherwise impotent person.)
 - . Frequent pollutions, in an old man.
- 785. Pollution followed by burning micturition.
 - . After a pollution he felt dizzy the whole day.
 - . Blood came out of the urethra together with the semen, during an embrace.
 - . Spasmodic drawing pain in the anus after an embrace.
- FEMALE—** Burning in the pudendum.
- 790. Menses delayed ten days, after which period the flow was more abundant.
 - . The menses which were usually regular, delay two or three days.
 - . The menses which ought to have come on just now, are delayed, (immediately.)
 - . The menses appear too soon by eleven days; formerly they always postponed two or three days.
 - . During the menses no blood is passed at night.
- 795. Increased flow of blood during the menses.
 - . Even after the termination of the menses a little blood is passed from time to time even for many days.
 - . The menstrual blood smells badly and excites an itching in the pudendum.
 - . She felt melancholy previous to the menses; she looked at every thing from a dark side.
 - . During the last two days of the menses she suffers with pain in the small of the back and has anxious dreams.
- 800. Erratic pain in the abdomen immediately previous to the menses and on the first day of their appearance.

805. Colic without diarrhœa when the menses appear, with tearing in the back and small of the back, especially during motion.
- . Colic and diarrhœa during the menses.
 - . Pain in the abdomen, during the menses, as if all the contents were torn, accompanied by pain in the small of the back as if the parts were bruised, and by discharge of large clots of blood.
 - . Pain in the back during the menses.
 - . A sort of stitching pain, during menses, below the left mamma.
810. She is quite yellow in the face during the menses.
- . Low-spirited and tired during the menses.
 - . During the menses she suffers with vertigo and dizziness in the head, which is worst when stooping; less in the afternoon.
 - . Leucorrhœa at night.
 - . Profuse leucorrhœa escaping in the same way and smelling as the menstrual blood.
815. Violent itching about the mammæ in a nursing female.
- . (Soreness of the nipples, and surrounded with herpes.)
 - . (Deficiency of milk.)

Cold, Catarrh:—

- . Frequent sneezing, in the morning.
 - . Frequent sneezing, in the morning after rising.
820. Frequent sneezing, immediately.
- . Suppressed sneezing.
 - . Itching in the nose as if a cold were approaching.
 - . Burning in the nostrils as if a cold were approaching.
 - . Obstruction of the nose.
825. Dry coryza with violent obstruction of the nose; the breathing through the nose is arrested.
- . Coryza with obstruction of the nose and sneezing.
 - . Short coryza, with sneezing, (almost immediately.)
 - . Discharge of fetid mucus from the nose, and sneezing.
 - . Profuse fluent coryza, and agglutination of the eyes in the morning.
830. Profuse fluent coryza for 2 weeks, with painful night-cough and headache lasting 7 days.
- . Coryza and hoarseness, she was unable to speak aloud.
 - . Violent dry and fluent coryza, with roughness of the throat and soreness, as from excoriation in the chest owing to the violent cough.
 - . Violent coryza and cough, with pain in the chest, drawing in all the limbs, frequent waking up at night and chilliness.
 - . Irritation in the throat as in the beginning of a cold, accompanied by feverish sensations through the whole body.

Larynx:—

835. Intense aching in the larynx when blowing the nose.
- . Intensely painful drawing in the larynx, without any apparent cause.
 - . Dryness in the larynx.
 - . Feeling of dryness in the larynx.

- .. Burning and roughness in the throat, with hoarseness.
- 840. Roughness of the throat,—slight hoarseness in the chest, feverish coldness.
 - .. Slight hoarseness in the chest (larynx) after a meal.
 - .. Rawness of the chest, early in the morning.
 - .. Rawness (scraping) in the chest.
 - .. Hoarseness and roughness of the throat, early in the morning.
- 845. Violent hoarseness, especially in the morning and evening, with rawness of the throat.
 - .. Hoarseness for many days; she was unable to utter a word.
 - .. Interruption of speech (aphony) for several mornings,—as if a wedge were lodged in the larynx, which he ought to throw up.
 - .. The muscles of the larynx cannot be used; in spite of all efforts, he is unable to utter loud words.
 - .. Catarrh, with nightly dryness of the throat and obstruction of the nose, when lying down.
- 850. Catarrh with cough and rawness of the throat.
 - .. Frequent desire to hawk something up.
 - .. Hawking up of phlegm, with pain in the pit of the trachea.
 - .. Hawking up of mucus, early in the morning.
 - .. Early in the morning, when in bed, one feels an irritation as if one would cough.
- 855. Cough brought on by tickling in the throat, frequently.
 - .. Cough caused by continual tingling.
 - .. Cough caused by tingling or when stooping for the purpose of picking something up.
 - .. Short fits of cough brought on by a tickling of mucus in the throat.
 - .. Cough with tickling in the throat and roughness, without any discharge, or a discharge appearing very late.
- 860. Short and hacking cough caused by constant tickling in the throat.
 - .. Cough with rawness in the throat, without any discharge.
 - .. Irritation with cough during an expiration.
 - .. The cough is excited by talking.
 - .. Cough coming on after coldness, after she gets warm again.
- 865. Irritation with cough, early in bed.
 - .. Continual, exhausting, dry cough in the morning, as after a cold; the cough prevented him from falling asleep again.
 - .. Cough at night, when waking up.
 - .. A cough of 2 hours every night after midnight, accompanied by a good deal of expectoration; by day the cough is rare and short.
 - .. Violent cough also at night.
- 870. She is roused from sleep by the cough, in the evening and morning; there is little or no cough during the day.
 - .. Short cough, with some discharge of mucus, especially after a meal.
 - .. Cough and retching, with difficulty of breathing.
 - .. Hoarse cough, especially early in the morning and evening, not

at night.

- . Dry cough, causing a burning in the chest.
- 875. Frequent dry, short and hacking cough, rarely accompanied by a discharge of mucus.
 - . Dry, hollow cough, 5 or 6 fits at a time, with feeling of soreness in the interior of the larynx, in a space like a band, every fit of cough causing a pain and almost arresting the breathing.
 - . Hollow cough, especially at night and early in the morning, with tough mucus in the chest, this organ feeling a stinging pain during the cough, and as if there were subcutaneous ulceration; accompanied by dry coryza and obstruction of the nose.
 - . Violent cough which is occasionally quite dry, with pain in the right side of the abdomen.
 - . Shortness of breath previous to a fit of cough commencing.
- 880. Soreness of the chest when coughing.
 - . (Inability to throw off the detached mucus.)
 - . Stitches in the left side of the chest when coughing.
 - . Loud rattling in the chest when coughing.
 - . Cough with rattling, during every inspiration, as if there were much mucus in the right side of the chest; in the forenoon.
- 885. Pain above the left hip, when coughing, as if the part would burst open.

Chest:—

- . Arrest (incarceration) of breathing when talking; or when walking fast; she is obliged to suddenly catch breath.
- . Sudden arrest of breathing in the open air, when hunting, with rapid palpitation of the heart; he was unable to keep himself straight, had to kneel, being covered with sweat over and over; the breathing was very short, the blood rushed to the head, the face became blue and red, as if an apoplectic fit were threatening; this continued an hour.
- . Shortness of breath when walking in the open air.
- . Short breathing in the morning, with aching in the abdomen; this goes off by day.
- 890. Short breath and oppression of the chest.
 - . Want of breath, with weakness of the thighs.
 - . Difficult and deep inspiration.
 - . Feeling of tightness and want of air in the throat, with inflation of the left side; he is obliged to loosen his cravat.
 - . Sensation in the chest as if the clothes were too tight.
- 895. Sensation as if the chest were too narrow.
 - . Asthma, especially when sitting.
 - . Asthma, especially after lying down.
 - . Oppression of the chest, hoarseness and roughness of the throat.
 - . Oppression of the chest; he frequently has to breathe deeply.
- 900. Spasmodic asthma.
 - . Painful oppression of the chest, in the afternoon, going off by dancing.
 - . Oppression on both sides of the chest, as if it were being

compressed.

- . Painful compression of the chest from both sides towards the sternum, with oppressed breathing and weakness of voice.
- . Frequent suffocating fits during an inspiration, as if some one constricted the larynx, this produces a momentary arrest of breathing, when sitting.
- 905. Great oppression of the heart, with melancholy.
 - . Aching in the left side of the chest, about the lower rib.
 - . Aching in the right side of the chest, in the evening.
 - . Pressure in the muscles covering the ribs, across the chest, when stooping.
 - . Pressure across the chest and stomach.
- 910. Pressure on the chest and stomach.
 - . Pressure on the chest, closely over the pit of the stomach.
 - . Pressure on the right side of the chest.
 - . Pressure on the chest with either short or difficult breathing.
 - . Aching, straight above the xiphoid cartilage.
- 915. Tearing and pressure in the fore part of the chest, worst in the open air, and is scarcely felt except in the open air.
 - . Tightness about the chest, lasting a good while.
 - . Pain in the upper part of the chest, like a drawing after long running or singing, accompanied by a sensation of weight on that part of the chest.
 - . Rheumatic pain in the chest and abdomen.
 - . Stitches and tearing in the left side of the chest.
- 920. Stitches in the right side of the chest, during an inspiration.
 - . Dull stitch in the right side of the chest, near the clavicle.
 - . Stitches in the left side of the chest, below the nipple.
 - . Violent stitch in the left side of the chest, when taking an inspiration.
 - . Stitches below the left mamma, going off by friction.
- 925. Dull stitches in the left side of the chest, opposite the ensiform cartilage.
 - . Dull stitch in the left side of the chest, over the heart, during motion.
 - . Sharp, slow stitches in the left side of the chest, in a horizontal line with the pit of the stomach.
 - . Stitches at night, without arresting the breathing, as if a knife were thrust into the left side of the chest in front and in the back, with great anguish and uneasiness, which obliges him to toss about in his bed without being able to sleep.
 - . Stitches in the sternum, during a deep inspiration, and when lifting things.
- 930. A stitch in the sternum during deep inspirations and physical labor.

A stitch of 8 minutes in the lower part of the sternum, both during an inspiration and expiration; afterwards a stitch in the sternum which continues the whole forenoon with more or less intensity, and is specially felt during expirations; this stitch seems to be connected with a continual dull stitch

- in the left shoulder-joint, which was likewise most felt during an expiration.
- . Stitches in the chest as with a nail.
 - . Stitches deep in the chest, during a deep inspiration, lasting an hour, in the forenoon.
 - . Stitches commencing deep in the chest, and coming out at the back.
935. Prickings in the chest, when walking in the open air.
- . Sensation in the chest as if it were cut to pieces, early in the morning.
 - . Pain in the right side of the chest, as if the lungs were torn loose from the pleura ; this pain is continual, even when lying down.
 - . Pain as from bruises below the right mamma, independent of breathing.
 - . Pain as from a sprain in the lower muscles of the right side of the chest, when moving the left arm.
940. Roaring in the left side of the chest, in the region of the heart, for several mornings, when in bed, continuing until rising ; the pain is abated by every movement, but returns in the recumbent posture.
- . Heat in the chest.
 - . Heat in the chest, sometimes rising as high up as the throat.
 - . Burning pain in the chest, and occasional stitches.
 - . Small prickings under the skin of the chest.
945. Sharp stitches in the chest, near the nipple ; they take place in the direction of the umbilicus, especially when breathing.
- . Stitches in the outer parts of the chest, below the arm, extending as far as the pit of the stomach, accompanied by slight anguish ; (they are succeeded by rumbling in the stomach and pinching in the direction of the chest, which symptoms disappeared again after emission of flatulence.)
 - . Dull stitches near the axilla, in the direction of the chest.
 - . Violent itching about the mammæ.
 - . Palpitation of the heart with lassitude.
950. Violent palpitation of the heart, in the morning, with irregular pulse and pain in the back.
- . Violent palpitation of the heart, in the evening, with great anxiety, shortening the breath, without being troubled by any peculiar thoughts.
 - . Anxious palpitation of the heart with regularly occurring contractions of the abdomen.
- .Back :—**
- . Dull, drawing pain in the region of the os coccygis.
 - . Jerking pain in the os coccygis.
955. Pain as from bruises in the os coccygis.
- . Pain in the small of the back ; every movement of the body gives her a pain in the small of the back.
 - . Aching in the small of the back when sitting.
 - . Aching in the small of the back ; he had to remain crooked ;

- (with aching in the abdomen.)
- . Violent and tight pain in the small of the back.
- 960. Pinching cramp-pain in the small of the back and nates.
- . Aching and crampy pain in the small of the back and the region of the kidneys, when sitting.
- . Violent tearings in the small of the back.
- . Pain as from bruises in the small of the back, when walking ; going off when sitting.
- . Pain, as from bruises in the small of the back, towards evening, for several hours, with leucorrhœal discharge.
- 965. Violent pain as from a strain in the small of the back, during motion.
- . Stiffness in the lumbo-sacral articulation, (one quarter of an hour.)
- . Single itching stitches in the small of the back.
- . Soreness in the small of the back, with subsequent pressing (bearing-down) in the abdomen, as if the whole of its contents would issue at the rectum and the pudendum ; like flatulent colic, (brought on by a strain.)
- . Frequent pulsations in the small of the back.
- 970. Pain in the back, pressure in the middle of the back.
- . Aching, crampy pain in the back, in the region of the kidneys.
- . Violent aching and tearing towards the back, in the border of the right scapula, increased by bending the right upper arm and the head backwards, also by every movement of the body, although the part may have been but slightly shaken, especially by turning the head towards the left side.
- . Darting lancination in the back and small of the back, arresting the breathing.
- . Drawing in the back, as if it were bruised ; the pain thence moved to the small of the back and the abdomen, with accumulation of flatulence accompanied by colic, and bringing on leucorrhœa when passing off.
- 975. Tearing in a small place of the back.
- . Tearing in the dorsal vertebræ, between the scapulæ, extending into the right and then into the left.
- . Stitches in the back.
- . Prickings in the back, when sitting.
- . A stitch in the back, followed by pain in the back.
- 980. Tingling in the back.
- . Itching in the skin of the back.
- . Itching of the back and some sweat.
- . A good deal of itching in the back and calves.
- . A boil upon the back.

Neck :—

- 985. Painful stiffness, between the scapulæ.
- . Violent and tight pain in the upper part of the scapulæ, during motion.
- . Tearing in the right scapula.
- . Painful tearing between the scapulæ.
- . Drawing in the left scapula.

- 990. Pressure and drawing in the scapulæ.
 - . Violent prickings in the left scapula.
 - . Aching and stitches near the right scapula, when swallowing or hawking up phlegm, likewise when exerting one's-self in talking.
 - . Burning in the middle of the right scapula.
 - . Tightness in the muscles of the neck, when raising the body quickly or turning the head.
- 995. Tightness in the nape of the neck, as if some one were pulling her backwards by both ears.
 - . Stiffness of the nape of the neck, which prevented him from moving his head.
 - . Stiffness of the neck and nape of the neck, with pain in the occiput; the muscles felt as if they were bound, so that she was unable to move her head.
 - . Jerking motion in the nape of the neck, in the direction of the head.
 - . Stitches in the nape of the neck, at night, when lying in bed.
- 1000. Shuddering in the nape of the neck, as far as the brain, in the evening.
 - . Pain, as from bruises, in the nape of the neck.
 - . Rash in the nape of the neck, between the scapulæ and upon the cheek, with itching.
 - . Tight little tumour (nodosity) in the nape of the neck.
 - . Itching and humid tetter in the nape of the neck.
- 1005. Tightness and jerking pullings in the cervical muscles, also when at rest.
 - . Continual tightness in the right side of the neck and chest, the body being drawn by it to the right side.
 - . Stiffness of the right side of the neck, with a tight pain.
 - . Pressure in the pit of the trachea, when taking a deep inspiration.
 - . Burning at a small place of the right side of the neck, with a red spot upon it.

1010. (Glandular swelling, like goitre.)

Superior Extremities:—

- . Stinging burning in the axilla.
- . The shoulder is painful the whole day when moving the right arm.
- . Pressure upon the shoulder,
- . Stiffness in the shoulders.
- 1015. Tearing in the left shoulder-joint.
 - . Tearing in the right shoulder, with pain as from bruises in the inner border of the right scapula, when moving the right arm or when turning the head to the right side; when turning it to the left, the place feels tight.
 - . Sharp stitches on the top of the shoulders, both right and left.
 - . Dull stitch in the left shoulder.
 - . The left shoulder is painful as if it had been sprained, from morning till evening.

1020. Paralytic pain in the left shoulder.
- . Several startings of the left arm.
 - . After slightly exerting the left (weak) arm, it convulsively starts up and down ; this is followed by great weakness of the arm, after which a kind of rumbling like the running of a mouse is heard in the muscles of the arm down to the leg ; the convulsions then disappeared.
 - Aching in the right arm
 - Drawing in the right arm which feels heavy, as if it were paralysed.
1025. Drawing pains in the muscles of the arm.
- . Dull tearing in hands and arms.
 - . Violent tearing in the arm and hands, extending to the back.
 - . Arthritic drawing in different places in the joints of the arms, hands and shoulders, apparently aggravated by movement.
 - . Single stitches in the arm, extending to the left side of the chest.
1030. Slow lancination in the right arm, from the shoulder to the hand.
- . Disposition of the left arm to become rigid, at night when asleep, this woke him up.
 - . When raising the left arm above the head, and keeping it there for some time, it becomes rigid ; the arm feels as if the blood flowed backwards in the arm ; at the same time one experiences a pain in the right side of the chest, as if the muscles had become shorter.
 - . Great heaviness and weakness in the arms
 - . Heaviness of the right arm, as if a remaining consequence of a violent blow upon the thickest portion of the fore-arm
1035. Weakness in the right arm, accompanied by troublesome tingling in the front of both shoulders.
- . Tremor of the right arm when holding something with the extended arm.
 - . Weakness of the right arm, almost like paralysis, with a feeling of stiffness, especially when writing.
 - . Itching of the arms.
 - . (Warts and eruptions on the arms.)
1040. Pain in the flesh of the upper arm as if caused by a sprain.
- . Drawing pain in the bone of the left upper arm.
 - . Drawing pain in the deltoid muscles, extending as far as the clavicle, alternately in the left and right arm.
 - . Drawing pain in the muscles, in the lower part of the left arm.
 - . Tearing in the left upper arm and shoulder-joint.
1045. Tearing in the left upper arm, and in the right, close below the shoulder-joint (immediately.)
- Tearing in the left humerus down to the elbow-joint ; in this the pain is greatest.
 - . Drawing and cutting in the right deltoid muscles.
 - Pinching in the deltoid muscle, with a feeling of coldness.

ending in burning.

1045. Stitching pain in the left humerus, in the upper part, near the head, on the outer side.
- . Stitches in the deltoid muscle when carrying something.
 - . Stitching pain in the right upper arm when raising the arm.
 - . Sharp stitches in the left upper arm, near the shoulder.
 - . Prickings in the right upper arm, sometimes going off by friction.
1050. Burning in the outer surface of the left upper arm.
- . Pain in the elbow-joint, as if he had knocked it against something.
 - . Pain in the bend of the left elbow, when stretching the arm, as if a tendon were too short.
 - . Twitchings in the outer side of the elbow-joint, when leaning the arm on something.
 - . Drawing pain in the elbow-joints, and in the lower arms.
1055. Boring in the olecranon of the ulna, with a sensation as if the arm would be bent double.
- . Pain as from bruises in the bend of the elbow, and the muscles of the chest, very much aggravated by external pressure.
 - . Tearing in the bones of the fore-arm.
 - . Tearing in the fore-arms.
 - . Tearing in the tendons of the right fore-arm.
1060. Tearing in the left fore-arm, from the elbow downwards.
- . Beating and tearing in the left fore-arm.
 - . Contractive pain in the muscles, in the lower part of the left fore-arm.
 - . Stitches in the tendons of the inner side of the right lower arm, from below upwards.
 - . Painfully drawing stitches in the muscles of the lower part of the right fore-arm.
1065. Boring and tearing in a small place of the right lower arm, close below the elbow, apparently in the bone.
- . Burning transversely across the fore-arm, close to the wrist-joint.
 - . Sensation of coldness and rigidity in the right fore-arm and the fingers; he was unable to warm his hand, even when holding it near a warm stove.
 - . Paralytic condition of the fore-arms; he was scarcely able to raise them, on account of their feeling so heavy and stiff.
 - . Paralytic pain in the right ulna.
1070. Small, tremulous twitchings in the right fore-arm, while writing.
- . Swelling in the lower arm, apparently seated in the periosteum, and only painful when pressed upon.
 - . Small, itching pimples on the fore-arms.
 - . Creeping in the skin of the right fore-arm, going off by friction.
 - . Itching (sometimes with burning when scratching the parts) and itching pimples and vesicles on the fore-arms.
1075. Spasmodic sensation in the hands.
- . Spasmodic weakness in the hands, early in the morning when waking up.

- . Sensation of fulness in the interior of the left hand, when grasping at something.
- . Swelling of the hands at night, with tingling in them.
- . Drawing-pain in the wrist-joint.
- 1080. Drawing pain in the left wrist-joint, on the outer side.
- . Drawing pain from the right wrist-joint, as far as the fingers.
- . Drawing pain from the carpal to the metacarpal bones, as far as the little finger, the tip of which is affected most; when extending the hand, the pain is still greater and involuntarily contracts the finger; the drawing then likewise affects the other fingers and contracts the whole of them little by little, more or less.
- . Tearing in the right wrist-joint.
- . Tearing alternately in the dorsum of one and the other hand.
- 1085. Very painful tearing in the dorsa of the hands, extending to the middle-fingers, with cramp-pain.
- . Tearing in the inner border of the right hand, towards the little finger, apparently in the bone.
- . Tearing in the hands and fingers.
- . Tearing in the hand, in the metacarpal bones of both thumbs.
- . Stitches in the palm of the left hand, with tingling in the fingers.
- 1090. Tingling stinging in the right wrist-joint, and the second and third finger.
- . Jerking stitches in the muscles of the left hand, transversely across its back, when moving the arms.
- . Pain as from a sprain or strain in the right wrist-joint, when working.
- . Pain as from a sprain, with tightness, obliquely above the left hand, when moving it.
- . Coldness of the hands, extending as far as the elbow in the left arm.
- 1095. The hand goes to sleep, with tingling in the same.
- . Trembling of the hands.
- . Great heaviness in the right hand.
- . Paralytic feeling in the right hand, for several weeks.
- . Weakness in the hands, in a room which is too warm.
- 1100. Itching of both hands.
- . Itching of the dorsum of the left hand.
- . A good deal of itching in the palms of the hand.
- . Itching in the palm of the hand; when scratching the hand, itching vesicles containing water make their appearance.
- . Tightness of the posterior joints of the fingers, when bending them.
- 1105. Small twitchings of the fingers, when writing.
- . Drawing twitchings in the left fingers.
- . Jerks like electric shocks, frequently dart from the abdomen into the fingers, contracting them.
- . Tearing in the fingers.
- . Tearing in the left middle finger, accompanied with a crampy

1110. Tearing in the joints of the right index-finger, which are painful when pressing upon them.
- . Tearing shootings in the left index-finger.
 - . Tearing in the tips of all the fingers, with tremor of the hands.
 - . Stitches in the little finger, rising in the arm, as if inflicted with a knife, accompanied by anguish, and a feeling of qualmishness about the heart.
 - . Pain as from contusions in the tips of the fingers, as if they would burst open, alternately in both hands.
1115. Pain as from contusion in the tip of the right little finger.
- . Throbbing pain as of an ulcer ; in the posterior joint of the right thumb.
 - . Burning in the tips of the fingers.
 - . Shooting and burning pain in the finger-joints.
 - . Tingling in the left ring-finger, with jerking on the inner side of the upper arm.
1120. Numbness, insensibility, and tightness of the fingers.
- . Deadness of the fingers ; they become icy cold and insensible.
 - . Frequent deadness of the fingers, especially early in the morning.
 - . Itching between the fingers.
 - . Itching of the posterior and middle joints of the fingers of the left hand.
1125. Prickling itching in the index-finger.
- . Itching of the left index-finger ; when scratching it, a burning and itching blotch makes its appearance.
 - . A little blotch on the right thumb, without any sensation.
 - . Itching herpes on the dorsum of the ring-finger.
 - . The tip of the thumb is ulcerated.
1130. Pain under the finger-nails when grasping at something.
- . Violent burning aching under the finger-nails ; when touching them they feel ulcerated under the skin.
- Inferior Extremities:—**
- . When sitting, the nates feel a pain as if something hard had been knocked against them, they feel pithy.
 - . Itching of the nates, and of the posterior surface of the thighs.
 - . Stinging itching of the right half of the nates.
1135. Itching herpes of the nates.
- . Violent crampy pain in the region of the hips.
 - . Pinching in the region of the hip, over the acetabulum, as if the muscles were grasped with a pair of tongs, with a feeling of coldness ending in a burning sensation, also when at rest.
 - . Tightness in the bend of the right thigh, early in the morning when rising, and when bending the knee.
 - . Aching above the acetabulum, not increased by motion.
1140. Drawing aching in the hip, when sitting or walking.
- . Tearing in the acetabulum.
 - . Tearing in the left hip, apparently in the bone, as well when at rest as during motion ; pain as from bruises when pressing upon the parts.

- . Tearing in the hip-joint and downwards along the whole of the extremity when sitting or walking.
- . Stitches in the left hip, apparently in the bone.
- 1145. Dull stitches in the hip-joint, in the direction of the abdomen, a stitch every two minutes; this symptom lasts two hours.
- . Frequently a stitch in the bend of the right thigh.
- . Pain as from a sprain, strain or contusion in the left hip-joint, coming on in jerks, which obliged him to walk lame in making one or two steps; the pain suddenly comes and goes.
- . Prickling, burning pain in the region of the hip.
- . Itching of both hips.
- 1150. Soreness between the extremities, high up.
- . Drawing pain in the extremities, apparently in the bones.
- . Drawing in the right extremity, with sore throat, in the evening.
- . Violent drawing and tearing in both extremities—during a tempest, from the toes up to the thighs.
- . Jactitation of the muscles in both extremities.
- 1155. Sharp, slow stitches in the extremities, commencing first in the hip-joint and then in the patella, and then extending downwards, more painful when at rest, than when walking.
- . Slow lancination in the extremity, from the malleolus, as far as the knee, and thence to the hip-joint, but not in the knee itself.
- . Pain as from bruises in the thighs and legs, in the morning, when in bed.
- . Pain in the muscles of the extremities, as if they were distorted or paralysed, (afternoon and evening.)
- . Troublesome uneasiness in both extremities early in the morning, when in bed, for hours.
- 1160. Uneasiness in the left extremity, at night; she knew not where to lay it in order that it might feel easy.
- . Uneasiness in the extremities, so violent that she was not able to sit still.
- . Violent tingling in the thighs and legs, also in the foot.
- . The extremities easily go to sleep.
- . A good deal of painful heaviness in the extremities.
- 1165. Lassitude in the extremities, especially the legs and knees; he constantly wants to rest himself when walking.
- . Excessive lassitude of the extremities, in the morning when waking up; after getting out of bed, it disappears.
- . Painful weakness of the thighs and legs, when walking.
- . Trembling of the extremities when beginning to climb (for instance, on a ladder); it ceases, when he stands still and continues his work.
- . Trembling and shaking of the extremities, as if from chilliness, in the open air, when walking or standing; the symptom goes off in the room.
- 1170. Varices of the extremities.
- . Itching of the extremities.

- . The skin of the thighs and legs is full of dark-red little veins.
- . Jerking pains in the thighs, commencing in the nates.
- . Jactitation of the muscles of the left thigh, above the knee.
- 1175. Tearings in the middle of the left thigh, above the knee.
- . Tearings in the middle of the left thigh, going off when rising from the chair.
- . Scratching tearing in the left thigh.
- . Paralytic tearing in the outer surface of the right thigh.
- . Stitches in the left thigh, (immediately.)
- 1180. A stitch in the left thigh, extending as high up as the chest, in the evening when walking.
- . Violent pricking in the outer surface of the right thigh, close above the knee.
- . Sudden heat on the inner side of the left thigh.
- . Beating in the tendons of the left thigh, close above the knee.
- . Sensation of excessive weariness towards the inner side of the upper part of the thigh; this symptom is the most disagreeable when the limb is at rest; it then feels as if it had to move to and fro.
- 1185. Weakness of the thighs, with want of breath.
- . The thighs feel paralysed, when sitting or walking.
- . Tremulous sensation, resembling a painful groaning in the flesh of the thigh.
- . Itching of the thighs.
- . Stinging itching of the thigh, on the outer side.
- 1190. Violently itching nettlerash, especially on the thighs, close above the knee.
- . Soreness as from excoriation of the upper and inner side of the thigh, and the scrotum, with itching; when rubbing the parts, they feel a smarting soreness.
- . Painful soreness on the inner and upper part of the female thighs, at that place where they come in contact with each other when walking.
- . Stiffness in the left knee when walking.
- . Straining sensation in the bends of the knees when sitting, and when beginning to walk; relieved when continuing to walk.
- 1195. Painful stiffness in the patella, when rising.
- . Painful tightness and stiffness in the bend of the knee, when walking.
- . Drawing pain in the knees—as if they had become tired by walking, more when stretching than when bending the knees.
- . Drawing pain rather above the knees.
- . Drawing in the knee-joints.
- 1200. Drawing and jerking pain in the left patella.
- . Jerking in the left knee, in the afternoon.
- . First a drawing, afterwards a jerking pain in the knee.
- . Tearing on the outer side of the left knee.
- . Tearing in the right knee.
- 1205. Tearing in the left knee, and thence downwards as far as through the toes.

- . Drawing and tearing in the knee which extends as far as the malleoli, in the evening.
- . Tearing and stitches in the knee, which prevent him from stepping upon the corresponding foot, and from sleeping.
- . A stitch in the knee, when working.
- . Painful boring in the right knee, sometimes accompanied by a pain as from bruises, when pressing upon it.
- 1210. Soreness about the knee.
 - . Pain on the outer side of the knee, as if there were ulceration ; it extends as high up as the thigh.
 - . Painful cracking in the knee, when walking, as if it were being broken or sprained.
 - . Excessive lassitude of the knee-joint, and heaviness of the feet, after walking.
 - . Lassitude of the knee-joints, greater when going up stairs, than when walking on level ground.
- 1215. Weakness in the knee, it inclines to bend suddenly.
 - . Bending of the knees, when walking.
 - . A good deal of itching in the parts about the patella.
 - . Itching, especially in the bend of the right knee.
 - . Hard pressure in the leg, extending down the tibia.
- 1220. Tightness in the right calf, as if some one violently contracted the skin, both when at rest and in motion, in the evening.
 - . Cramp in the calf, early, when in bed.
 - . Contractive sensation in the right calf, both when at rest and in motion.
 - . Cramp-like drawing in the whole of the outer side of the right leg, when sitting or standing.
 - . Drawing pain in the leg.
- 1225. Drawing in the calf, with a sensation as if the right leg were shorter, when rising from a seat or when walking.
 - . Tearing in the outer side of the left leg, beginning at the knee, when sitting ; when rising from a seat the pain extends as far as the hip-joint ; when walking and pressing upon the hip, a pain is felt in it as if it were bruised ; this pain does not go off when sitting down again.
 - . Tearing in the left calf, downwards.
 - . Tearing in the outer surface of the right calf ; extending to the outer border of the foot ; it is worse when moving the foot and toes.
 - . Violent tearing in the tendons below the right calf.
- 1230. Tearing in the calf, and the dorsum of the foot.
 - . Tearing in the left tendo Achillis, when sitting.
 - . Burning tearing in the tibia.
 - . Intermitting stitches in the left calf.
 - . Pain in the right calf as if it were bruised, extending into and about the knees, the whole forenoon.
- 1235. Pain in the right tibia, as if it had been knocked against something.
 - . Tingling and prickling in the left calf, as if it would go to sleep,

- sometimes extending as far as the bend of the knee.
- . Dull and humming sensation in the legs and feet, as if they had gone to sleep, in the morning.
- . Red, painful spot on the tibia, spreading lengthwise, and itching when scaling off.
- . A blister on the calf of two inches and a half in diameter, almost painless; water comes out for two days, and the place heals up without suppurating.
- 1240. Nervous pain in the soles of the feet.
 - . Pressure on the dorsum of the foot.
 - . Tension in the heel, and the tendo Achillis.
 - . Cramp in the sole of the right foot and tendo Achillis, when stretching it.
 - . Cramp in the feet.
- 1245. Cramp in the foot when stretching it.
 - . Stiffness in the ankle-joint.
 - . Drawing in the ankle-joints.
 - . Drawing pain in the ankle-joint, when sitting, with a sensation when stepping upon the foot, as if the leg would bend.
 - . Drawing in the right foot, in the evening.
- 1250. Drawing pain in the bend of the right foot, extending to the big toe, where it is only felt during motion.
 - . Tearing in the inner border of the foot, also early in the morning, when in bed.
 - . Tearing in the malleolus externus, in the evening.
 - . Tearing in the dorsum of the left foot.
 - . Tearing in the ball of the left foot, behind the big toe.
- 1255. Sudden tearing in the right heel.
 - . Pain as if the ankle-joint were sprained, when the foot misses, or when it is bent to one side or the other, with cracking in the joint.
 - . Pain when walking, as if the ankle-joint were sprained, or as if it were broken.
 - . Pain as if the ankle-joint were ground to atoms, or as if it were simply fatigued; it disappears immediately after she resumes her walk.
 - . Burning in the soles of the feet.
- 1260. Swelling especially of the anterior part of the foot, late in the evening, with heat, a burning sensation and internal itching, as if the foot had been frozen; when pressing upon it, one experiences a pain as from subcutaneous ulceration.
 - . Cold feet. Cold feet, constantly.
 - . Tingling and itching in the heel, as if it would go to sleep; one has to scratch it, after which the pain passes off.
 - . Tingling in both soles, as if something alive were moving in them.
 - . Humming and burning tingling in the soles.
- 1265. The feet go to sleep, when sitting or lying down.
 - . The heel feels pithy and numb, when stepping upon the foot.
 - . In the morning, the feet feel so faint, that he can scarcely stand

- upon them.
- . A good deal of itching in the dorsum of the foot.
- . Violent itching in the dorsum of the right foot, she cannot scratch the parts sufficiently.
- 1270. When rubbing the feet a little, they become covered with great blisters.
- . Corroding blister on the heel ; it gradually goes off with much itching.
- . Ulcerated heel.
- . Violent aching in the posterior joint of the big toe.
- . Tearing in the border and the outer side of the little toe.
- 1275. Violent tearing in the big toe.
- . Violent tearing in the left big toe, towards the tip.
- . Burning tearing in the toes and under the nails.
- . Fine stitches in the big toe.
- . A long stitch in the big toe.
- 1280. Violent prickings in the ball of the big toe, both during motion and at rest.
- . Violently burning stinging in the ball of the big toe, and under the nail thereof.
- . Tingling burning in the ball of the big toe.
- . Pain in the big toe as if it were burnt.
- . Pain behind the nail of the big toe as if it were inflamed.
- 1285. Pain in the big toe as if it were ulcerated.
- . Tingling and stinging in the big toes, as if they would go to sleep.
- . Tingling in the ball of the big toe.
- . Tickling in the toes as if they had been frozen.
- . Voluptuous itching in the anterior joint of the big toe, both when at rest, and in motion.
- 1290. Panaris, causing a grinding and burning pain, near the nail of the left big toe, with proud flesh.
- . Violent stitches in the corn on the little toe.
- . Boring pain in the corn.
- . Burning pain in the corn.
- . Yawning, stretching, and extension of the limbs, frequently.
- 1295. Stretching and extension of the limbs, especially at night.
- . Frequent yawning, the whole day without, however, feeling sleepy.
- . Frequent and violent yawning, frequently preceded by short hiccough, from 11 in the forenoon until 3 in the afternoon.
- . Frequent yawning in the forenoon and afternoon.
- . Languor and drowsiness which one is scarcely able to conquer.
- 1300. Great drowsiness and weariness by day.
- . Drowsiness, especially when sitting, also when walking.
- . Uncommon sleepiness in the afternoon.
- . Uncommon disposition to sleep ; she feels as if she could sleep every hour, but sleep does not refresh her.
- . Great drowsiness, even when in company he can scarcely keep

off the sleep.

1305. Excessive drowsiness.

- . She sleeps longer than usually, and can scarcely be roused in the morning.
- . Drowsy, early in the morning. Sleeps long in the morning.
- . He falls asleep after dinner, and is sleepy early in the evening.
- . After dinner, he is obliged, contrary to his habit, to lie down, and then sleeps.

1310. He falls asleep during a conversation.

- . She feels very tired in the evening; she has to lie down, and nevertheless is unable, on account of being too cheerful, to fall asleep before 1 o'clock; her limbs felt too heavy and sore.
- . In the evening one falls asleep very late, on account of great heat in the body.
- . Sleeplessness at night, on account of dry heat.
- . At night he is unable to rest or to lie still one minute.

1315. He is unable to find rest in any position of the body; every part of it aches as if it were pressed upon.

- . Frequent waking up from sleep, without knowing the cause of it.
- . He sleeps until midnight; afterwards he is unable to fall asleep again on account of a pain in the whole body as if it were bruised, for 3 nights.

He wakes up at 2 o'clock every night, and is then no more able to fall asleep.

- . In the winter he wakes up at 4 o'clock every morning, and is then no more able to fall asleep.

1320. Vertigo at night, when in bed, when raising himself and lying down again.

- . Lancinating headache the whole night, especially in the orbits, not by day.
- . Open mouth at night, with consequent dryness.
- . Nightly dryness of the mouth.
- . Great nausea when waking up from the evening-sleep.

1325. At night, when waking up with a clear consciousness, she feels an oppression of the stomach, which she did not feel any longer when waking up in the morning.

- . Impatience (uneasiness) and jerking in the abdomen, at night, this prevented him from falling asleep before midnight.
- . Violent colic in the neighbourhood of the groin, at night, the pain commences in the leg and then reaches the groin.
- . Frequent desire to urinate, rousing her from sleep.
- . Dry cough at night, disturbing her sleep.

1330. Drawing pain in the humeri, at night; it prevents sleep.

- . At night before midnight, one wakes up with an inclination to spasm in the arm, with tingling in the part as if it had gone to sleep.
- . At night, when in bed, one experiences an intolerable tearing in the upper arm, especially in the shoulder-joint.
- . At night she is unable to stir in her bed, on account of a

- lancinating pain in the right upper arm.
- .. At night the shoulder and elbow-joints are painful as if they had gone to sleep, this pain rouses her from sleep; the pain was greatest when waking up early in the morning.
 - 1335. At night the side, hip, and thigh upon which he was lying, were painful as if they had been bruised, sore or squeezed; he had frequently to turn himself.
 - .. Painful heaviness in the extremities, at night, which prevents her from sleeping.
 - .. Feeling of heaviness in the legs and feet, at night when in bed.
 - .. Tearing in the patella, at night, which prevents him from sleeping at night.
 - .. Cramp in the calves, at night.
 - 1340. General sweat, at night, with uneasy sleep.
 - .. Frequent waking up at night, with slight sweat over and over, increasing when waking.
 - .. At 4 o'clock in the morning he wakes up with a violent sweat over the whole body, without any thirst; in 24 hours the same symptoms occur.
 - .. At night she had to turn herself constantly, and was covered with a slight sweat in the morning.
 - .. Shuddering at night, when waking up from sleep.
 - 1345. Violent internal chills about midnight, especially in the extremities, with a lancinating pain in the back, followed by general sweat with humming and heaviness in the head; had to remain in the bed until midnight.
 - .. Chills towards morning, when asleep.
 - .. Uneasiness at night, when in bed, with violent and very anxious weeping, and an indistinct speech.
 - .. Anguish in the evening previous to falling asleep; the boy is unable to fall asleep, because anxious things obtrude themselves constantly upon his mind; it takes some trouble to induce him to go to bed at night.
 - .. She was very uneasy in the night, for nights in succession: after having slept for a short while, she was roused by great anguish and uneasiness, which scarcely permitted her to remain 10 minutes in the same position; she then had to sit down, her head tossed involuntarily from one side to the other, until she fell asleep again from exhaustion.
 - 1350. At night he feels an anguish and uneasiness which do not permit him to fall asleep.
 - .. At night, when asleep, his arms and legs move about in every direction.
 - .. Her sleep has been very uneasy for 16 nights; she sometimes weeps when asleep.
 - .. Loud laughing when asleep.
 - .. He laughs loudly in a dream.
 - 1355. He talked in his sleep, after midnight, and said moaningly: come to me! come to me! after which he slept so lightly that

- one was unable to hear his breath.
- . Dreams, which were at first pleasant, afterwards confused and historical.
- . A number of dreams, at night.
- . A number of confused dreams.
- . Lewd dreams, with pollutions.
- 1360. Disagreeable dreams.
 - . Disagreeable dreams which can be easily recollected.
 - . Dreams full of disputes, with uneasy sleep, (first night.)
 - . Sad dreams about dead friends.
 - . Anxious dreams.
- 1365. Frightful dreams, which rouse her and cause so much anxiety in her that she is unable to fall asleep again.
 - . When asleep she often starts and weeps.
 - . Starting with fright when falling asleep.
 - . One frequently starts up from sleep as with fright.
 - . Anxiety, early in the morning when waking up.
- 1370. In the morning, when rising, she does not feel cheerful and is very faint; she has to sit down when dressing herself; after some time she feels bright again.
 - . Coldness in the open air, after dinner.
 - . Painful coldness of the hand and the sole of the foot.
 - . Coldness of the hands and feet.
 - . Coldness of the whole left side of the body.
- 1375. Internal coldness, frequently, with coldness of the hands and feet.

Fever :—

- . Chills of the whole right side of the body.
- . Sensation as if a cold wind were blowing between the scapulæ, in the middle of the spinal column; this part remained cold even when near the stove.
- . Sensation as if cold water were running from the clavicle, across the chest down to the toes, along a narrow space.
- . Chilliness over the whole body, in the open but not cold air.
- 1380. A good deal of internal chilliness, every day.
 - . Chilliness in various parts of the body.
 - . Chills and shuddering, sometimes with goose-skin, also in the warm room; or in the open air and then passing off in the room.
 - . Chilliness and yawning.
 - . Continual feverish chills on the back.
- 1385. Frequent shuddering, sometimes in one arm, sometimes in another, occasionally over the whole body.
 - . Sudden shuddering, beginning in the face and extending across the chest to the knees.
 - . Shuddering, commencing in the face and extending over the back down to the knees.
 - . Single attacks of shuddering, in the back, almost extending over the whole abdomen, without being either preceded or accompanied by heat.

- . Chills over the whole body, without being succeeded by thirst or heat.
- 1390. Shuddering, in the whole body, whenever he lays down the left hand after exercise.
 - . Shuddering with goose-skin the whole day, as often as she goes into the open air.
 - . Sensation as if a shuddering went from the right temple through the forehead ; the latter is affected with a beating sensation.
 - . Shuddering, with goose-skin and tenesmus, the stool being very soft and accompanied by painful colic ; afterwards general chilliness with external coldness soon passing off in the room, then the inside of the head experiences a feeling of warmth.
 - . At four o'clock in the afternoon one experiences thrills of chilliness in the lower extremities extending as high up as the back, accompanied by lassitude, for 3 hours, afterwards sweat, without any heat or thirst.
- 1395. He feels feverish ; at times he experiences chills, at times heat in the face.
 - . Feverish chilliness of one hour, afterwards heat in the forehead.
 - . Chilliness the first half of the night, afterwards heat, and towards morning a moist skin ; this is accompanied by some little rest and sleep.
 - . He is either chilly or he perspires.
 - . A heat of 2 hours every evening, beginning at 6 o'clock.
- 1400. Heat over the whole body, without either sweat or thirst ; this is followed by a gradually established general coolness, with yawning and stretching of the arms.
 - . Frequent attacks of sweat over the body.
 - . He was covered with sweat early in the morning.
 - . Night-sweat, two nights in succession.
 - . Night-sweat, several nights in succession.
- 1405. Sour-smelling night-sweat, all over the whole body.
 - . A good deal of sweat when walking in the open air.

Skin :—

- . Itching of the whole body.
- . Itching of the whole body, at night, with dry heat.
- . Itching of different parts of the body.
- 1410. Itching of different parts of the body, going off by scratching.
 - . Itching of various places, especially about the head and face.
 - . Stinging itching of the skin.
 - . Fine, stinging itching, as if caused by fleas ; it obliges one to scratch on the back, shoulders, arms, thighs, especially, however, on the backs of the fingers.
 - . Formication in the skin.
- 1415. Burning of whatever parts she may touch.
 - . Itching of the whole body, with redness, resembling that of scarlatina, and a number of vesicles ; the itching remains, even when scratching the parts.
 - . Eruption of pimples on many places of the skin, characterized by a corrosive itching, and burning sensation after scratching.

- . Nodosities under the skin, of the size of a hazelnut, on the right side of the chest, the arm, back, and the bend of the elbow, with a stitching pain when touching the parts, and soreness when pressing upon them hard. Afterwards they pain even without being touched ; this pain does not increase by contact.
- . Eruption in a baby, resembling varicella.
- 1420. Large vesicles on chest and back, with anguish in the chest (orthopnea) and fever, consisting of chilliness, heat and sweat.
- . Large, painful blisters on the left side of the chest and back, which burst open, these symptoms are accompanied by great feverish heat, sweat and a state causing anxiety.
- . An eruptive pimple on the index-finger is changed to a wart.
- . Eruptions of the size of a pin's head, with a hollow tip, without any fluid, on forehead, nape of the neck, scapulæ, arms, abdomen, especially on the thighs and in the bends of the knees ; they itch, especially when the parts get warm, and more particularly in the bed ; scratching causes a burning sensation in them ; when the parts are not warm they are scarcely visible under the cuticle, of a whitish color ; when scratched, they come out quickly, and, when scratched open, they leave red spots of a larger size ; for five days.
- . Old brown hepatic spots become elevated and cause a corrosive itching.
- 1425. Injuries of the skin which had already been healed, become sore again, and begin to suppurate.
- . An ulcer on the leg is surrounded with a red areola, which is hard and inflamed, and emits both blood, and very fetid pus, the former in larger quantity ; pain deprives one of sleep at night.
- . (Burns, as an external application, and also internally.)
- General Symptoms, Paralysis, Weakness, Fainting Fits :—**
- . Clawing (crampy) pain in different parts of the body.
- . Jactitation of the muscles in this or that part of the body.
- 1430. Slight jerking in different parts of the body.
- . Continual twitching in the right side of the body, and various other parts of the skin.
- . Aching in the arms and thighs.
- . Drawing in different parts of the limbs.
- . Drawing in the fingers, soles and toes.
- 1435. Drawing in several parts of the body, which finally becomes a tearing pain.
- . Drawing pain in the right index-finger, and the left second toe ; it goes off soon.
- . Arthritic pains in all the limbs.
- . Tearing in all the limbs, alternately in one or the other, at times violent, at times slight, but continual, (a. one hour, and then continuing for several days.)
- . Tearing, especially in the joints ; thence it extends through different bones, and is felt in several bones at the same time ;

the pain is not increased by external pressure.

1440. Tearing in several limbs ; it is worst in the joints whence it extends to the long bones.

- . Stitching pains, in almost all the parts of the body, (the first days.)

- . A kind of stitching pain in the joints, after a cold, shooting or contractive pains, alternately in one or the other part of the body, (after cessation of the menses.)

- . Pain, when sitting, as if the whole body had been bruised, especially the arms ; this pain goes off when at work and in the open air.

- . Every part of the body feels painful when touched, as if it had been bruised by blows.

1445. The whole right side of the body feels bruised.

- . Stiffness in all the joints, when remaining in a sitting or recumbent posture, for a quarter of an hour ; she finds it difficult to recover the natural mobility of her limbs.

- . Tingling in the upper and lower extremities, as if they would go to sleep.

- . The whole left side of the body feels cold, and as if it had gone to sleep.

- . Numbness and deadness of all the soft parts of the whole left side of the body, also of the foot and head, as if no blood were in the skin.

1450. Coffee appears to aggravate the symptoms.

- . When walking in the open air, and in the evening, the symptoms appear to be aggravated.

- . After a short walk in the open air, the blood rushed to his head and face, there was a dimness before his eyes like mist.

- . After a slow walk in the open air, he was very much heated and agitated.

- . Flushes of heat and uneasy feeling after walking.

1455. Profuse sweat when walking in the open air.

- . Sweat on the back and abdomen after walking, continuing for a long while.

- . Sweat during a walk, with great lassitude in the afternoon.

- . Lassitude and indisposition to work, after a short walk in the open air.

- . The symptoms which have come on in the open air, disappear in the room, except some aching in the forehead.

1460. Greater sensitiveness to the open air, (in the month of May,) than in winter.

- . The open air affects her a good deal.

- . Very sensitive to cold.

- . Very sensitive to a draft of air ; this is very disagreeable to him, and excites the aching in his body.

- . Great liability to catch cold ; a short draft of air brings on chilliness over the whole body.

1465. A good deal of orgasm in the blood.

- . Every tight pressure of the clothes upon the stomach and the

- hips is intolerable and troublesome to him.
- Impatience, (uneasiness) in the whole body, especially the head ; it is like a painless searching, which lasts several days, and takes place at different periods.
- Uneasiness when rising from a seat or when walking.
- Intolerable uneasiness in the limbs in the evening.
- 1470. Uneasiness in the body and anguish about the heart, when sitting ; she has to rise and to walk about.
- She felt an uneasiness in the blood, anxious, and suddenly became so unwell and weak that she was neither able to stand nor to walk ; she had to lie down.
- Weakness and trembling in all the limbs.
- Tremulous. General tremor.
- Tremor in the whole body, early in the morning, when waking up.
- 1475. Internal tremor.
- Unsteadiness of the limbs, as in intoxication ; he staggers to and fro, and he feels as if he staggered still much more than he really does, when walking ; without any vertigo.
- He feels tired, worn out, and the whole body feels painful as if it had been bruised through and through, especially in the evening ; as if some severe illness would befall him.
- Sensation in all the limbs, as after great exertions, when rising from one's seat.
- Faintishness, with sweat when walking.
- 1480. Faintishness with anxiety.
- Very weak, worn out even after working for a short time.
- After a short walk, he felt so tired that he was unable to drag his limbs along.
- Weakness in all the limbs, he was scarcely able to walk, and had to leave his hands extended when sitting.
- Failing of strength as if fainting.
- 1485. Convulsive fit of the limbs, in the evening.
- Convulsive fit : heat, early in the morning when in bed ; after rising, he felt a coolness through the arm ; the fit began with a jerk in the arm, with violent convulsions of the upper part of the body, trunk and arms, consciousness being undiminished, with some anguish.
- Convulsive fit : when in a state of slumber, in the evening, when in bed, he felt that he could not move his tongue well, raised himself with screams, then fell back, stretched arms and legs, moved them, rolled his eyes, gnashed his teeth ; at the same time saliva flowed out of his mouth and he was cold as ice ; in a quarter of an hour consciousness returned ; he now felt a great anxiety, which returned in three quarters of an hour, accompanied by evanescent thoughts and heavy tongue ; all these symptoms disappeared by swallowing cold water.
- Fit : in the evening, when in a room, his head involuntarily turned to and fro, he felt dizzy and fearful, his sight was dull, and he felt a heat in the whole body ; all this disappeared as

soon as he went into the open air.

When walking in the open air he suddenly fell down without any consciousness, but he immediately rose again.

1490. Fit (uterine :) pains alternately in the abdomen, the stomach, chest and small of the back ; they constrained her to stoop ; she was unable to keep herself straight, without suffering the most violent pains ; she could not bear the pressure of clothes on the stomach, nor eat even the lightest food without feeling the most violent pain in the abdomen and stomach ; by placing warmed stones upon the parts, she obtained a momentary relief ; the abdomen felt as if it had been crammed full, as if it would burst, with constant, unsuccessful desire to be relieved by eructations, (in some days.)

Fit : pain in the back, resembling a drawing, and as if the back were bruised ; the pain then affected the small of the back and the abdomen, where flatulence accumulated with great pain ; the flatulence afterwards went off with leucorrhœa.

He felt so tired that he would wish not to move a limb.

Great weariness, about noon ; it went off when walking in the open air.

Lassitude, early in the morning, when in bed, as if one would fall asleep again ; the lassitude goes off after rising.

1495. (Tottering gait of children and liability to fall.)

The primary effects of this drug appear to be slower than those of other antispasmodics.

[Peculiarities :—

Aggravation, evening, night, and morning.

Worse during new moon, less frequently during a thunderstorm.

Worse in snowy air.

Worse on inspiration and on expiration.

Worse after sleep.

Worse when eating and swallowing.

Almost always aggravated after meals.

Worse after drinking.

Worse from spirituous liquors.

Predominantly worse in dry cold weather.

“ “ in-doors.

“ “ when lying on back.

“ “ when letting diseased limb hang down.

“ “ when bending suffering part backwards.

“ “ after breakfast.

“ “ after pollutions.

“ “ from shaking the head.

“ “ when lying on unpainful side.

Remission during day.

Predominantly better in damp and warm air (wet weather).

“ “ out-doors.

“ “ when lying.

“ “ when lying on side, especially left side.

“ “ when lifting up diseased limb.

Predominantly better from bodily exertion.

- ” ” on an empty stomach.
- ” ” from loosening.
- ” ” from the touch.
- ” ” from pressure.
- ” ” from sitting bent forward.
- ” ” from washing and moistening suffering part.
- ” ” from eating cold diet.
- ” ” from drinking cold water.
- ” ” from eating bread.

Causticum has as its peculiarity the sensation of numbness in suffering parts. It lacks the over-sensitiveness to pain, peculiar to pulsatilla, phosphorus, &c.

Expectoration with putrid or greasy taste, is generally swallowed, loosened at night, morning and evening.

Emaciation of the feet.

Catamenia only during day, intermitting at night. C. Hg.

Complaints most frequent in inner ear and on instep.

Thirst easily quenched ; thirst with disgust for drink.

Ailments from (China) (Plumbum) Asafetida, Colocynthis, Euphrasia.

Ailments from fright, mortification, grief, or from disappointed love.

Cures moles, cystic tumors, warts, &c., by suppuration and forming scabs.—Gross's *Camp. Mat. Med.* by Hering.]

EDITOR'S NOTES.

TETANUS AND ITS TREATMENT.

In a short paper on the above subject contributed to the *Practitioner* for November, our Dr. Charles Macnamara has made some very valuable observations which every practitioner should do well to bear in mind. He is “strongly opposed to the system of frequently repeated doses of chloral in tetanus, however violent the spasms, if the temperature of the body keeps below 101°.” He advises only one draught of 40 grs. to be given at bed time, and however bad the case may be, he is confident that an extra dose of 30 grs. during the day will give us all the advantage chloral can afford. He insists upon “allowing time for the drug to pass out of the system or become otherwise disposed of before again administering the medicine, otherwise the chloral and its derivatives may accumulate in the blood and ultimately poison the patient.” Dr. Macnamara relies much on the thermometer as a guide to treatment in tetanus. “If the mercury rises beyond 101° there is danger ahead, and a second dose of chloral may be necessary in the day time. Should the temperature of the body reach 103°, life is in imminent danger. After death from tetanus I have seen the mercury rise in the thermometer to 107°.”

SOCIETY OF HOSPITAL PHYSICIANS.

We learn from the Paris Correspondent of the *Lancet* (Nov. 16.) that "there exists in Paris a very valuable Society bearing the title of the Société Médical des Hôpitaux, and consisting exclusively of the physicians attached to the various hospitals. One of the most practical merits of this institution is, that its members meet every Friday to discuss the cases of interest which have occurred in the hospitals during the preceding week, and thus benefit by the assistance and elucidation afforded by their colleagues. What is done every week is also done monthly in a more general and comprehensive manner. Towards the end of every month the hospital physicians send in a report on the physiognomy of their respective wards during the time stated and the important cases they have had under treatment. One of the members, M. Besnier, is entrusted with the care of collecting and comparing these divers reports, summing up facts, and writing out a synthesis of the whole." This is really very good and ought to be followed in every city in the world, wherever there are more hospitals than one. No better means could be devised for improving the art of healing and establishing a genuine *esprit de corps* so sadly wanting among physicians.

A LUMBRICUS IN AN ABSCESS ABOUT THE HIP-JOINT.

The following curious case, which occurred in the Mansfield Workhouse Infirmary, is reported in the *Lancet* (Nov. 30) :—

L. W—, aged thirteen, was suffering from strumous disease of the hip-joint, but able to get about on crutches. The usual abscesses kept forming and bursting about the joint; one abscess, however, after bursting, discharged as part of its contents a large lumbricus, fully eighteen inches long, and coiled upon itself. How did it get there? At any rate the wound healed rapidly, and the boy's health improved considerably.

The above case as well as the discovery by Dr. Lewis of lumbrici in chylous urine shows that our knowledge of helminthology is yet in its infancy. Worms play a much greater part in pathology than is yet dreamt of in our medical philosophy. The interesting question both with reference to the above case and the case of chylous urine in which lumbrici were discovered is, how could the parasite or its ova get into the abscess, if not into the hip-joint, in the one case, and into the bladder or into the kidneys in the other? The ova of the lumbrici are very minute and long retain their vitality in both river and pond water, where, in fact, they complete their development, sometimes taking six months, and sometimes even a year, before the embryo is formed. Might not the ova find their way into the bladder and even into the kidneys through the urethral canal, and even into the subcutaneous tissues, through the ducts of the sudoriferous glands, and thus give rise to chylous urine in the one case, and abscess in the other?

M. TILLAUX ON RESECTION.

M. Tillaux, the new professor of operative Surgery in the Hôpital St. Louis, treated (*Medical Times and Gazette* of 23rd November) in his opening lecture the much abused operation known in Surgery by the name of resection. He defined resection as consisting of the removal of a portion or portions of one or more bones, either in their continuity or in their extremities, leaving the soft parts as intact as is compatible with the operation. When one or more bones are removed in their entirety the operation is designated "extirpation," which should not be confounded with resection, though some surgical writers apply the latter term to both operations. Resection, he said, was quite a modern operation—at least, no account of it could be found in any of the ancient authors except Celsus, who mentions that the practitioners of his time used to remove fragments of bones, which is only a modified form of resection. Ambrose Paré makes slight allusion to it, and it was only at the end of the last century that it was regularly introduced into practice by Moreau, and was subsequently accepted by Larrey as a great acquisition in military surgery. M. Tillaux observed that resection naturally led to the question—"Does the periosteum reproduce bone, as first taught by Flourens, and afterwards rehabilitated by Ollier, of Lyons?" To this Professor Robin, the eminent histologist, emphatically replies that the periosteum never will reproduce bone, and that it can no more do this than can the skin reproduce muscular fibre, or the pia mater the substance of the brain, the periosteum being to bone what these membranes are to their respective organs, and that it is only bone that can reproduce bone. M. Tillaux was more disposed for this latter theory, though he could not deny that in the young subject, before ossification is completed, the periosteum being then intimately connected with the bony tissue, may reproduce bone, and that this should be borne in mind in dealing with young subjects. He thought that M. Ollier had greatly exaggerated the results of his experience, but that, nevertheless, he had rendered great service to Surgery by his investigation on the subject in question. M. Tillaux then proceeded to describe the operation of resection, which he said consisted of three movements—(1) incision, (2) denudation, and (3) division of the bone—and lastly the dressing, which was not the least important part of the operation.

THERAPEUTIC ACTION OF HYOSCYAMINE.

The same paper (Nov. 30) gives the following conclusions which M. Oulmont has arrived at in a memoir on "The Therapeutical Action of Hyoscyamine in convulsive and spasmodic affections :"—

1. Hyoscyamine represents all the active principles of henbane, and the fixity of its composition allows of its being employed with a precision that is not attainable with henbane in substance.
2. It should be given at first in small doses (two milligrammes per diem),

whether in the form of pills or hypodermic injection; but the dose may be increased to ten or even twelve milligrammes per diem. 3. It should be continued even after the supervention of slight symptoms of intoxication (as dryness of the throat, and dilatation of the pupils); but if these become more serious, and if cerebral symptoms are produced, it should be suspended. Such symptoms, however, soon disappear. 4. Its action is narcotic, and it is efficacious against pain, and especially in neuralgia. Its efficacy is less marked than that of opium and belladonna. 5. It exerts a favorable action in spasmodic and convulsive neuroses. It has cured mercurial tremor when all other means have failed, and in senile trembling and paralysis agitans it has produced an amelioration procurable by no other means. 6. In locomotor ataxy it is of no use, but in traumatic tetanus it has produced an amount of relief that encourages further trial.

THE CONTROVERSY ON ULATKAMBAL, "THE SPECIFIC FOR DYSMENORRHEA."

DISORDERS of the menstrual function, and notably the varieties, known under the generic name of Dysmenorrhœa, are indeed very prevalent among the Hindu females of Bengal. It is not a disease peculiar to the unimpregnated state, but when it occurs in females who have not conceived, it almost invariably stands in the way of conception, and hence the popular name of the disease, বাধক বেদনা, i. e., a prohibitive or preventative pain, preventive of conception. Both for this reason, and for the intense suffering it inflicts upon the patient, the disease has assumed an importance in our country which can hardly be appreciated in any other, where it is not so prevalent and productive of so much mischief. The elucidation of its pathology, the unravelling of its varied etiology, the discovery of its rational treatment, the discovery, if one likes, of a specific or specifics, should, therefore, justly demand the earnest attention of practitioners here. It is needless to add that one tittle of sound observation or useful suggestion from any one on any one of these points will be welcome, and whoever shall succeed in discovering "the specific for the disease," will be entitled to the lasting gratitude not only of the fair sufferers but of the whole profession.

Before however any one would be entitled to lay claim to this sublime reward of everlasting gratitude from fair sufferers and from the profession, it is necessary that he should have established the following most essential points:—(1) that the so-called specific is a specific, (2) that he was the first to introduce it to the notice of the profession. Now what are the facts relative to Ulatkambal? Looking to these facts as they stand, the contro-

versy, as it has been called, has been to us not a small matter of surprise? In fact, we can hardly understand, how could any controversy arise at all. It must be admitted, however, that it is Babu Bhoobun Mohun Sircar who has provoked the controversy. He published a Paper on "Oltukombul in Dysmenorrhœa" in the July Number of the *Indian Medical Gazette*. In this paper he relates how his brother's wife, who had been subject to dysmenorrhœa for nearly six years and was barren in consequence, was cured, after several physicians both native and European had failed, by a lady doctor who, on the first day of the appearance of the catamenia, "administered a nostrum, composed of a certain root with black pepper, made into the consistence of syrup by the addition of water." The nostrum "was repeated every morning for seven days and during this time the patient's monthly pain decreased." He then tells us how the doctress dogmatically asserted that her patient would not only be cured of dysmenorrhœa, but would speedily conceive and bring forth a child, and how this prophecy, which was made in the month of June 1859, was fulfilled "in due time and to the joy of the whole family," the patient giving birth to a healthy female child. Then Babu Bhoobun tells us how, induced by this marvellous cure of dysmenorrhœa to ascertain the nature of the plant, he was successful in his attempt, "though with no considerable amount of personal sacrifice,"* and concludes with remarking:—"Having employed this drug now for some twelve years in upwards of five hundred cases, with the most beneficial results, I feel it my duty to bring it to the notice of the profession, and, if possible, to secure for it a place in the *Materia Medica*."

After the publication of the above paper in July by Babu Bhoobun Mohun Sircar, *Messrs* B. M. Sircar & Co. appear in the papers, first in the *Hindoo Patriot* in August 12, with an advertisement on "The specific for Dysmenorrhœa," in which no mention is made of the name of the specific, which was "only to be had of B. M. Sircar & Co.," and for particulars customers are advised to "apply to Dr. Bhoobun Mohun Sircar." Now the impression, left upon the mind by the reading of the paper and the advertisement, is no other than what is stated by all our correspondents, namely, that it was Babu Bhoobun Mohun Sircar who was the first to *discover* the specific virtues of ulatkambal in dysmenorrhœa. Any lingering doubt as to the correctness of our interpretation of the impression is removed by Babu Bhoobun Mohun himself openly claiming the priority in his letter published in our last. Babu Bhoobun Mohun

* What is meant by this expression, we are at a loss to make out. May we ask Babu B. M. Sircar if "the amount of personal sacrifice" he had to make was "considerable" or inconsiderable?

takes umbrage at the fact of both Omes Chunder Mitter and ourselves having overlooked the erratum relative to the date he assigned in his paper to the prophecy of his doctress, an erratum which was published, not in the August Number, i. e., the number following that in which his paper was published, but in the September number of the Gazette. If Babu Bhoobun Mohun could not excuse us for this slight over-sight, upon which nothing of importance was attempted to be built by our correspondent, how can we excuse him for his having altogether ignored the paper which was read by Babu Soorjee Coomar Sarbadhicary at the monthly meeting of the Bengal Branch of the British Medical Association on the 9th July 1867, a résumé of which was published in the *Indian Medical Gazette* of September next? If Babu Bhoobun Mohun was actually present, as Babu Soorjee Coomar says he was, at the meeting above mentioned, then we hardly know to what to attribute his complete silence about the fact. But even if he had not been present, this silence is inexcusable, nay culpable, especially as he presumes to claim priority in the discovery, and charges others with gross misrepresentations.

We do not question, and we do not care to question, the fact of his having come to the knowledge of ulatkambal in 1859, though we must here point out that he himself does not say when exactly he was successful in finding out the plant. True, his brother's wife was cured by the quack doctress in that year, but he should have told us at what date he succeeded in getting the secret out of her, and moreover, he should have given us the date of his first trial.* He has not done so, and all that we care for now, is the date of his first appearing in print with his experience of the marvellous virtues of the drug. It is not a little marvellous, however, that he should have waited twelve years, a full *yug*, before giving out to the profession and the world such a marvellous discovery, especially when the shine was being taken out of him by Babu Soorjee Coomar Sarbadhicary in 1867, and by Babu Bhoobun Mohun Gangooly in 1869. This perhaps speaks for his coolness and patience as an observer and a discoverer, which prevented him from rushing into print and proclaiming his discovery upon the strength of insufficient experience. We look in vain, however, for those qualities in his reply to Omes Chunder Mitter and L. M. S., whose correspondence he

* As we go to press, a gentleman, evidently a neighbour of Babu Bhoobun Mohun Sircar, writes to tell us that in the beginning of 1863, he was advised by the worthy Doctor to try Ulatkambal (which was very kindly procured for him by the Doctor himself) for his wife who up to her then 17th year was suffering from dysmenorrhœa and had not conceived. The ulatkambal not only cured her of the pain, but brought on conception. She is now the mother of six children. The fact here related does not, in the least, affect our argument.

characterizes as "unmeaning trash," so much so that he thinks it strange we should have given them a place in the pages of our Journal. Babu Bhoobun Mohun Sircar has not hesitated to charge both the correspondents as having "betrayed a spirit too vindictive and unworthy of the profession" to which they *seem* to belong. He does not scruple to speak of one of our correspondents (Omnes Chunder Mitter) as having been "evidently blinded by sinister motives," simply because—"it was not easy for him to believe that he (B. M. Sircar) had so large a number as *five* hundred cases of dysmenorrhœa with the most beneficial results, invariably no doubt." He characterizes the remarks of L. M. S. on the advertisement "as too mean and insignificant to deserve comment." He can only think of L. M. S. as having mischievously attempted to *vilify* him (Babu B. M. Sircar). The whole letter, in fact, is full of such choice expressions, and Babu Bhoobun Mohun Sircar has well established his claim, if not as the discoverer of ulatkambal, at least, as a perfect master of vituperative eloquence. It gave us not a small amount of pain to insert it in the journal. We were sorry to produce it as a specimen of the way in which one of our colleagues discusses scientific matters. We were obliged to do it out of justice to our correspondents so unjustly and rabidly attacked, and to show the contrast between his letter and theirs, to which it was meant no doubt to be a crushing reply.

Has Babu Bhoobun Mohun's reply touched any one of the essential points raised by our correspondents? Has he been able to deny that Babu Soorjee Coomar Sarbadhicary and Bhoobun Mohun Gangooly published their experiences of ulatkambal, the one five years, and the other 3 years, before he published his? Has he been able to satisfy the doubt as to the *five hundred* cases which he had treated with the most beneficial results? Has he told us whether he had to trust his memory for the number, or whether he had given it out of his note-book? Has he kept a record of all these cases? If so, why not remove all doubt by publishing an analysis of the same? Omnes Chunder Mitter certainly did not question Babu Bhoobun Mohun's *veracity* but, if we mistake not, merely questioned the veracity of his *memory*. And, in fact, unless convinced by irresistible evidence, who does not find it hard to believe that Babu Bhoobun Mohun had so many as *five hundred* cases, when a physician of Babu Soorjee Coomar's large experience had only about fifty cases in twenty-two years. Still, however, we do not question the truth of Babu Bhoobun Mohun's statement. All that we pray for is to be convinced by the production of facts, and in such a matter, we trust, the prayer is neither a sinful nor an unphilosophical one.

Again, has Babu Bhoobun Mohun met by argument the remarks of L. M. S. on the advertisement of Messrs. B. M. Sircar & Co.? If he could show, or if he had merely said, that Messrs. B. M. Sircar & Co. were quite different personages from Babu Bhoobun Mohun Sircar, *Licentiate in Medicine and Surgery*, then could he with some show of reason charge L. M. S. with meanness. But even then, we believe, he could not. For if Messrs. B. M. Sircar & Co. were not identical with himself, he should not have allowed them to degrade him to their level by associating his name with their trade advertisements about a drug in which he himself was so much concerned. He has not done this, and we must maintain that L. M. S. was perfectly justified in having said, what he did say, about the advertisement. If the world would hold up to ridicule and scorn any medical man who does not scruple to disgrace himself and his profession by dealing in advertisements and puffs, in nostrums and secret remedies, we cannot help it, and Babu Bhoobun Mohun ought to be able to put up with it.

Babu Bhoobun Mohun Sircar, it must be admitted from the facts already adduced, has not succeeded in establishing even the priority of publication of the discovery, far less of the discovery itself. The fact about the first introduction of ulatkambal is very nearly that stated by Babu Soorjee Coomar Sarbadhicary. We say very nearly, because by recent inquiry we have learned from the old lady herself, the mother of the late Babu Doorga Churn Banerjee, that it was not a Fakir, who gave her the drug, but her own father. And it was from his mother that Babu Doorga Churn learned the use of the drug, and used it in his practice, or rather directed it to be used by patients who sought his advice in the matter of dysmenorrhœa. The late Raja Pertaup Chunder Singh Bahadur seeing its efficacy in the person of his own Rani, ordered the plant to be grown in his garden at Paikpara, whence every body who wanted it was supplied, and this is being done since the birth of his first daughter now upwards of twenty-five years old. Doorga Churn Banerjee, so far as we know, was the first medical man who used the drug. He made no secret of it, or attempted any profit out of it, but communicated it to every body. After him Babu Soorjee Coomar Sarbadhicary must be allowed to have brought it formally to the notice of the profession, by discoursing on it at a meeting of the only Medical Society in Calcutta. Then comes Babu Bhoobun Mohun Gangooly, who mentions it as a remedy in dysmenorrhœa in his *Journal (Chikitsa Sangraha, i. 3)*; and last of all Babu Bhoobun Mohun Sircar.

We shall return to the subject in our next.

CLINICAL RECORD.

A Case of Scrofulous Ophthalmia. Recovery.

UNDER CARE OF DR. SIRCAR.

Phelumani, a Hindu female child, about 10 years old, was brought to me on the 27th July last for disease of her right eye, from which she has been suffering for four years. The eye could scarcely be opened, both on account of swelling of the lids and the intense photophobia with which she was troubled. The conjunctiva was injected, and beneath it, around the margin of the cornea, the sclerotic zone of inflammation was well seen. The cornea presented a nebulous aspect throughout its substance, patches of recent ulcers here and there, as well as cicatrices of old ulcers. Red blood vessels were seen pervading its entire area, coming from both the sclerotic conjunctiva and the sclerotic zone. On inquiry I learned that there was intolerance of light of the sun as well as of the candle. The general health of the patient was somewhat impaired but there was no particular symptom. I prescribed *Calc. c.* 30. This was continued till the 30th when perceiving no tangible improvement I gave *Arg. n.* 6, having found it so eminently serviceable in ulcerations of the cornea. This was used for 6 days, but finding no benefit from it, I ordered *Euphrasia* 6 on the 6th August. No improvement; *Ars.* 30 on the 11th. No improvement; *Sulph.* 30 on the 15th. No improvement. Stopped medicine from the 20th for 3 days, after which on the 23rd prescribed *Bell.* 30. From this day the patient began to improve rapidly. The inflammation of the whole eye became less, the photophobia diminished, the cornea began to clear off, its ulcers began to heal. By the 16th of next month (Sept.) the patient was nearly all right, the photophobia and the vascularity of the cornea having disappeared. Only slight nebulous and leucomatous specks here and there.

Remarks.

The great difficulty experienced in the treatment of this case was in the selection of the remedy. The symptoms were so few that the process of elimination could hardly be of any avail in the determination of the remedial agent that would be in exact homœopathic rapport with them. Moreover, in cases where such destructive changes have already taken place in the cornea, we have chiefly to depend upon clinical experience. In the case under consideration, these destructive changes had advanced so far and were progressing so rapidly that, I was in constant dread of seeing the cornea perforated with holes and the consequent closure of the pupil from the protrusion of the iris, before I could fix upon the right remedy. This is the reason why I was obliged to try approved remedies in rather rapid succession, till at last I succeeded, unexpectedly I must say, according to my previous experience, in alighting upon one which arrested and finally cured the disease.

gleanings from Contemporary Literature.**THE PHYSIOLOGICAL POSITION OF TOBACCO.**

BY WILLIAM E. A. AXON, M. R. S. L., F. S. S.

Is Tobacco good for the health of man? Does it add to his strength, make him readier for work, more capable of endurance, add to his length of life and happiness?

The question may for all practical purposes be confined to humanity, for, with one or two exceptions, the brutes avoid the tobacco-plant, and we are not aware that any of them are in the habit of burning its leaves and inhaling the fumes in the manner adopted by man. We may conclude, then, that if tobacco has any uses, to man is due the credit of having discovered them.

In speaking of the physiological position of tobacco, we have to deal with the action of the essential principles of that plant upon the human system. The peculiar effects of tobacco are due to the action of the essential oil of tobacco in the case of chewing and snuffing, and to that combined with the empyreumatic oil in smoking. Nicotine, as this essential principle is called, is so deadly an alkaloid, that the amount of it contained in one cigar, if extracted and administered in a pure state, would suffice to kill two men. According to the experiments of Vohl and Eulenberg, the nicotine is decomposed in the process of smoking into pyridine, picoline, and other poisonous alkaloids, which can also be obtained in varying quantities by the destructive distillation of other vegetable substances.

Nicotine, as for convenience we may continue to call the poisonous principles of tobacco, can enter the body through various channels—by the stomach, by the lungs, by subcutaneous injection, and by the skin itself. But in whatever manner it enters the human system, its effects are, in the main, uniform.

The most immediately noticeable symptom following smoking is the undue acceleration of the laboring forces of the heart. Under the stimulus of tobacco the heart beats more quickly, as is evidenced by the rising pulse. We have not the mass of detailed evidence as to this fact which exists in relation to alcohol, but the experiments made by Dr. Edward Smith, and related to the British Association in 1864, are full of interest. "The experiments were made at 10 p. m., when the rate of pulsation naturally declines (as he had proved by hourly experiments published in his work on the "Cyclical Changes of the Human System"), and at least four hours after any fluid or solid food had been taken. They were made in the sitting posture, after it had been maintained fifteen minutes, and with the most absolute quietude of body and mind; and thus all influences were eliminated but those due to the tobacco. The rate of the pulsation was taken every minute for a period beginning two or three minutes before the smoking began, and continuing during twenty minutes or until the pipe was exhausted.

The following are the chief results obtained:—

Experiment 1.

Pulsation before smoking was 74½ per minute.

Smoking 6 minutes—79, 77, 80, 78, 78, 77, per minute=78·1 average.

Smoking 7 minutes—83, 87, 88, 94, 98, 102, 102 per minute=93·4 average.

Smoking 8 minutes—106, 106, 104, 103, 105, 107, 107, 110 per minute = 106 average.

After smoking 11 minutes—112, 108, 107, 101, 101, 100, 100, 100, 100, 98, and 91.

There was thus a maximum increase of $37\frac{1}{2}$ pulsations per minute.

Experiment 2.

(Smoking through camphor julep in a hookah).

Pulsation before smoking, $79\frac{1}{2}$ per minute.

Smoking 6 minutes—81, 81, 81, 83, 82, 82, per minute = 81.6 average.

Smoking 17 minutes—85, 89, 89, 93, 96, 90, 94, 94, 93, 92, 95, 95, 95, 96, 94, 97, 93=93.

The maximum increase was $17\frac{1}{2}$ pulsations per minute.

Experiment 3.

(Smoking an empty pipe).

Pulsation before smoking, 78 pulsations per minute.

Smoking 11 minutes—76, 78, 77, 76, 79, 79, 80, 80, 79, 78, and 79.

There was no increase in the rate of pulsations from the effort of smoking, or from its interference with the respiration.

Experiment 4.

(To ascertain if, after smoking 6 minutes, during which the effect is very small, and then ceasing smoking, any increase in the effect would follow).

Pulsation before smoking, 75 pulsations per minute.

Smoking 6 minutes—76, 75, 79, 79, 76, 78.

Smoking 1 minute—82. Cease smoking.

Smoking 10 minutes—81, 88, 83, 82, 84, 83, 83, 80, 82.

The rate of pulsations was maintained, but was not materially increased.

Experiment 5.

(To prove if the rapidity of smoking causes a variation in increase of pulsation).

Greater volume of smoke.—

Pulsation before smoking, $70\frac{1}{2}$ per minute.

Smoking 6 minutes—68, 70, 71, 70, 72, 74=70.8 average.

Smoking 6 minutes—76, 77, 86, 89, 91, 94=85.5 average.

Smoking 4 minutes—98, 95, 96, 95=96.0 average.

The maximum effect was thus $27\frac{1}{2}$ pulsations per minute.

Smoking faster.—

Pulsation of the last minute in the previous part of this experiment, viz. 95 per minute—smoking 3 minutes, 94, 94, 96.

The pipe recharged.—

Smoking 5 minutes—87, 93, 96, 96, 96.

There was, therefore, a large effect upon the pulsation, but probably not more than would have occurred with ordinary smoking.

Numerous other experiments were made with tobaccos of different reputed strengths and upon different persons, and the author gave minute directions as to the proper method of making such inquiries."

The heart, then, during the act of smoking, was doing extra work; in some of the experiments this additional labor amounting to more than 50 per cent.

The effect upon the heart is not caused by direct action upon that organ, but by paralyzing the minute vessels which form the batteries of the nervous system. Thus paralysed, they can no longer offer effectual resistance, and the heart, free from their control, increases the rapidity of its strokes,

expanding the vessels, with an apparent accession, but real waste, of force.

Its effect in lowering the animal temperature is very striking. When the walls of the blood-vessels are distended with that fluid, the increase in volume decreases the rapidity of the circulation and augments the local warmth. When the walls partially collapse, the circulation becomes quicker, but the heat diminishes. The heat, in fact, is transformed into motion.

Blatin illustrates this by an experiment upon a dog. He took a spaniel of medium size, and noted the arterial tension in the carotid, and the rate of pulsation before and after the subcutaneous injection of 0·004 m.grm. of nicotine into the abdomen. The tension increased from between 0·141 m.grm. and 0·144 m.grm. to between 0·148 m.grm. and 0·155 m.grm.; the pulse rose from 115 to 328 beats per minute.

Again, he introduced the hamadynamometer into the abdomen of a dog four or five months old, and found the pressure to be 0·082 m.grm. On injecting 0·002 m. grm. of nicotine, the pressure increased to 0·090 in. grm.

The spaniel named as the subject of the first experiment was selected fifteen days after for another operation. Its pulse was at 120. Section of the pneumogastric nerve increased the beats to 210, but the injection of 0·004 m. grm. of nicotine into the abdomen, whilst producing the usual symptoms of poisoning, had no influence upon the circulation. In a terrier dog, poisoned with 0·003 m. grm. of nicotine, the pulse rose from 104 to 190 beats, and the exposure of the pneumogastric nerve to the action of galvanism did not diminish them. Thus the increase of the heart's action, caused by tobacco, results from its paralysing effect upon the pneumogastric nerve. The increase in pressure he considers due, first, to the quickened heart-beat, and secondly, to the paralysing influence of tobacco upon the splanchnic nerve, which is to the vascular system what the par vagum is to the heart. In small doses it increases the excitability of these nerves; in large doses it diminishes it, and that in proportion to their extent. The secondary effect of this is to augment the arterial pressure and heart-beats, and to contract the muscles of the vessels.

The vertigo and trembling noticed in animals poisoned by tobacco are owing to the smaller calibre of the blood-vessels, consequent upon the contraction of their walls produced by nicotine.

Blatin also endeavoured to ascertain the effects of tobacco upon respiration. A small dog, making 16 respirations per minute, was pricked ten times in the abdomen with a needle dipped in an aqueous solution of nicotine; the effect was, in five minutes, to increase the breathings to 38. Three days after, a drop of pure nicotine was introduced into a wound made on the inside of the leg. In an instant the respirations rose from 16 to 25, another moment saw them rise to 38; they then began to decrease, and in five minutes had fallen to 12. Two more drops were now placed on the wound; the breathings descended from 11 to 10, then to 9, stood five minutes at 8 and then another drop of nicotine reduced them to 4. The respiration was now quite irregular. Section of the pneumogastric caused no change, and in a quarter of an hour the animal died. From this it is clear that a small dose of nicotine accelerates, whilst a large one progressively diminishes them. Section of the pneumogastric produces the same effect as a strong dose of nicotine. A small dose accelerates the respiration, even after the section of the par vagum. This will be caused by its action upon the spinal cord. Strong doses cause the same paralysing action we have already noticed acting upon the circulation.

Blatin was struck with the diminution or destruction of the excitability of the nervo-motors when the doses were feeble. Sensibility is only

affected by very large doses. When a strong solution of nicotine is injected under the skin of a frog, galvanism has little or no effect upon the nervo-motors. The effect is most noticeable on the nerves nearest the wound.

From this he concludes that the paralysis is caused less by the circulation than by absorption across the tissues. This he tested further, by tying with ligatures one of the posterior members of a frog, leaving only the blood-vessels and nerves free, so that the poison could only reach the nerves by the circulation. Some nicotine was then injected subcutaneously into another member. The poisoned limb did not respond to electrical excitement, but the one which bore the ligatures was evidently sensible to it, though not to the normal degree.

The action of nicotine upon the iris is well known, yet whilst some consider it to produce dilatation, others affirm its effect to be contraction. The iris is composed of two orders of muscular tissue. The circular fibres influenced by the *motor oculi*, and the radiating fibres obeying the great sympathetic, perform the two functions of the iris, dilatation and contraction. The stimulation of the third pair of nerves causes a contraction of the pupil; a large dose of nicotine destroys its susceptibility and dilatation follows, the upper lid falls, strabismus ensues, the eyeball becomes fixed—in short, the motor power of the eye is paralysed. M. Blatin considers that the muscular fibre of the eye is not at all affected by the poison.

To determine the influence of tobacco upon the secretions, he made some experiments upon a dog, to which small doses of nicotine were daily administered. An increased dryness of the mucous system and a large secretion of urine were the first result. A wound made on its leg had not cicatrised in eight days, in spite of the well-known rapidity with which wounds usually heal in dogs. The mouth became dry, the throat inflamed, the animal, although constantly drinking, was unable to quench its thirst. Some drops of water placed upon the wound moistened it only a few moments. As the pressure of the blood is increased by this poison, in small doses it is a diuretic.

From all these experiments we may conclude that nicotine acts both on the heart and vessels, and is a vasculocardiac poison.

Blatin proposes to divide tobacco poisoning into two classes, acute and chronic. The first is the result of a large or unaccustomed dose; the second, the accumulative consequences of doses, perhaps small, but continually repeated.

The unpleasant experiences of the first pipe will enable most smokers to understand the nature of this acute poisoning. Children have even been made ill by sucking at pipes, empty, but already coated with tobacco juice. Sometimes a very slight dose exercises a fatal effect upon systems in which tolerance has not been established. Thus a youth of 14, having smoked 15c. worth of tobacco as a remedy for toothache, fell down senseless and died the same evening.* Blatin also tells us of a medical student, aged 22, who, after smoking a single pipe, fell into a frightful state—the heart became nearly motionless, the chest constricted, his breathing was extremely painful, the limbs contracted, the pupils insensible to light, one dilated, the other contracted. These symptoms gradually lessened, but did not disappear until four days after.†

But it is chronic nicotism which has the greatest interest for us. The poisonous effects of tobacco in larger doses are too evident for denial, and need scarcely be insisted upon. Far more important is it to learn whether tobacco, in the quantities daily consumed by its habitual users, has a permanently injurious effect upon the human system.

* DRUHEN, p. 44.

† BLATIN, p. 76.

It is often only after a number of years that nicotinic symptoms appear, as though the poison acted by a process of accumulation, until the system was charged to satiety. And thus anything which disturbs the equilibrium of the functions and so diminishes the elimination of the poison, may give rise to morbid phenomena.

There is a theory not unknown, even amongst medical men, that the toxic influences of tobacco are only transitory, and that all the poison is ultimately expelled from the system. But it is certain, from an experiment of M. Morin,* that the nicotine can be detected in the tissues of the lungs and liver after death.

So little is the theory true which would have us believe that the tobacco poison is immediately excreted, that the very cannibals turn up their noses at the nicotised flesh of smokers !†

Blatin made experiments upon three dogs to determine the effects of chronic poisoning. From 15 to 30 c.grms. of tobacco were mixed with their food, and given twice or thrice daily. The vomitings which were noticed at first soon ceased, the action of the heart became extremely irregular, the circulation grew daily feebler, digestion became difficult, appetite diminished, they were subject alternately to diarrhoea and constipation, the mucous membrane of mouth and pharynx soon became so dry that deglutition was very difficult, the gums swelled, the teeth loosened, and some of them fell out. These and other symptoms preceded paralysis of the posterior extremities, blindness, deafness, and death from sheer exhaustion. Their autopsy showed the heart to be pale, soft, slightly atrophied, the blood poor in the red globules, fluid, and deprived of fibrine.

A closely parallel case in a human subject is given. Brigitte V., a married woman, of 46 years, having lost one of her children, took to tobacco as a comforter. She snuffed, smoked, and chewed, spending about 2 francs weekly for tobacco. When Dr. Le Briet was called, her voice was rough, not a word could be distinguished, respiration was difficult, pulse feeble and intermittent, the heart beat with difficulty, the pupil dilated and insensible to the light, hearing defective, but not absolutely lost, swallowing difficult, &c., &c. Next day she died, all her organs being in a manner paralysed by the influence of tobacco.

The rough voice of snuff-takers, and the "smoker's sore throat," are also due to the influence of tobacco. Some smokers occasionally spit blood, often immediately after going to bed, and this affection may be confounded with true hæmoptysis.

M. Blatin regards all these local affections as trifling, when compared with the gradual saturation of the system with nicotine, which, accumulating in the tissues, waits for the opportunity, varying, according to individual habits and constitution, of declaring its poisonous nature.

The trembling, which is one of the usual symptoms of acute, is also a common result of chronic, nicotism. A very distinguished Parisian physician had hands which shook so much that he could not write. Whenever he remained without tobacco for any length of time these tremblings disappeared. Another case mentioned by Blatin is noteworthy. A man of 45 years consulted him respecting violent and numerous attacks of vertigo. When he felt one of them approaching he was obliged to lie down wherever he might be in order to avoid falling. In the country, where he had plenty of exercise, they were less frequent than in the town, where his occupation was sedentary. Cessation from tobacco and a tonic regimen quickly restored him.

* Year Book of Medicine (New Sydenham Society), 1861, p. 447, and BLATIN,

p. 22.

† *Revue Médicale*, p. 30.

A physician of 52 was afflicted with similar disagreeable symptoms, and was also cured by abstinence. Habit had become so strong that he could not resist at times the temptation to slight indulgence. Finding that these returns to tobacco were immediately followed by his old painful attacks, he renounced it for ever.

The circulatory system presents in chronic nicotism similar symptoms, to those found in acute poisoning. The most noticeable of these is the intermittent pulse, of which many cases have been collected by Decaisne and others.

Decaisne speaks of narcotism of the heart, but Blatin does not consider the action to be directly upon that organ, but considers the effects described to result from an irregular relaxation of the ganglia of the great sympathetic nerve.

When a person suffering from intermittent pulse was carefully examined, Blatin found the stoppage in the heart's beat followed a series of apparently normal movements. The systole and diastole succeeded in due regularity, and nothing in the play of the central organ indicated trouble, when the heart suddenly stopped in diastole, sometimes for the space of three arterial pulsations. When it awakens from this syncope its action is abnormally quick, as if it wished to make up for the lost time, and force the mass of blood across the organs at one stroke. But, with force insufficient for this purpose, it is exhausted in fruitless efforts, hesitates, wavers, acquires fresh power, commences again, now violent, now feeble, and fulfils very imperfectly the duties which it should perform. Gradually it calms; a foreign element seems to appease the tumult, the heart again becomes regular. The explanation appears to be that the irritation of the sympathetic nerve stops short the movements of the heart, and thus causes the intermittence; then the susceptibility of the nerve is lessened or paralysed, and the cardiac functions are left to the sole direction of the auto-motor ganglia; hence the disordered beats, which decrease as the nervous force coming afresh from the pneumogastric moderates and regularises it.

From intermittent pulse to angina pectoris the distance is not far. That tobacco may produce all the usual symptoms of that painful disease has been abundantly shown by Beau. To the cases which he has cited may be added an epidemic of this nature noted by M. Gelineau, with which a great part of the crew of the *Embascade* were struck. The patients were all great smokers. It is worthy of notice that this disease is much more common amongst men than women.

Difficulty of breathing approaching asthma has also been recorded. Blatin gives a case of a young officer whose asthma could be attributed to no other cause, and who was cured by simple abstinence and tonic medicines.*

Tobacco acting upon the cardiac and pulmonary branches of the pneumogastric, is not likely to leave untouched its gastric terminations. In an animal under the influence of small doses of nicotine the gastric juice is secreted with increased rapidity, and the action of the walls of the stomach is more noticeable. With strong doses or long-continued usage this secretion is very considerably diminished, and the peristaltic motion enfeebled. That is to say, the tobacco acts upon the pneumogastric, excites it in small, and paralyses it in large, doses. The smoker takes his after-dinner pipe or cigar to aid digestion. Undoubtedly, it excites the par vagum, increases the gastric secretion, and accelerates the peristaltic motion. Undoubtedly, also, this daily stimulation enfeebles the nerve, and digestion becomes more difficult. The swing back from the excitement causes a reaction, which only an increase in the doses can overcome. The nerve

* Blatin p. 159, from l. Abeille Med., t. iii, 1846.

is partially paralysed. The appetite fails, nutrition is impeded, dyspepsia reigns conqueror.

A military man of 37 years fell into a consumption without any other affection antecedent or concomitant than distaste for food, and salivation. Dr. Roques, after various essays, learned that he was a great user of tobacco, which had led to a sort of chronic fluxion of the salivary glands, and an almost total cessation of the digestive functions, and consequently caused the feeble and consumptive state into which he had fallen. Gradual diminution and ultimate abandonment of tobacco led to a cure in about three months.*

The influence of tobacco upon vision is well known. One of the symptoms produced in acute nicotism is blindness, and chronic nicotism gives rise to similar affections. Thus Mackenzie found that patients afflicted with amaurosis were mostly lovers of tobacco in some form. Sichel found cases of complete amaurosis, which, incurable by other means, were easily conquered by cessation from the weed. Hutchinson found, out of 37 patients, 23 were inveterate smokers. The observations of Wordsworth and others have so clearly established the fact that the continued excitement of the optic nerve by tobacco sometimes produces amaurosis, that it is now generally cited in text-books as one of the causes of that disease.

We have completed our brief examination of the physiological action of tobacco, but in concluding it may be well to point to some portions of the evidence which are especially note-worthy.

The fact that tobacco reduces the animal temperature is an important one. It shows the fallacy of those who smoke to keep the cold out, and proves conclusively that tobacco is neither a generator nor conservator of vital heat, but, on the contrary, a wasteful destroyer of it.

The influence of tobacco in liberating the heart from those restraints which regulate its healthy action, naturally leads to the conclusion that in frequent doses that organ must, sooner or later, undergo a structural transformation. Although when thus excited it has less pressure to overcome than when in a normal condition, yet the extra exertion cannot but be evil in its results, since it causes an irregularity in the supply of blood, and thus degrades tissue.

Tobacco belongs to the class of narcotic and exciting substances, and has no food value. Stimulation means abstracted, not added, force. It involves the narcotic *paralysis* of a portion of the functions, the activity of which is essential to healthy life.

It will be said that tobacco soothes and cheers the weary toiler, and solaces the over-worked brain. Such may be its momentary effects, but the *sequelæ* cannot be ignored. All such expedients are fallacious. When a certain amount of brain-work or hand-work has been performed, Nature must have space in which to recuperate, and all devices for escaping from this necessity will fail. It is bad policy to set the house on fire to warm our hands by the blaze. Let it, then, be clearly understood that the temporary excitement produced by tobacco is gained by the destruction of vital force, and that it contains absolutely nothing which can be of use to the tissues of the body.

Tobacco adds no potential strength to the human frame. It may spur a weary brain or feeble arm to undue exertion for a short time, but its work is destructive, not constructive. It cannot add one molecule to the plasma out of which our bodies are daily built up. On the contrary, it exerts upon it a most deleterious influence. It does not supply, but diminishes, vital force.

It has been denied that tobacco leads to organic disease, but the evidence is very strong the other way, and it would be very remarkable

* Blatin, p. 155 from *Memoire de med., et de Chir. Prat.*, t. v.

if continued functional derangement did not ultimately lead to chronic derangement of the organs: that it causes functional disturbance no one dreams of denying; indeed it has been remarked that no habitual smoker can be truly said to have a day's perfect health.

It is scarcely requisite that we should add that tobacco is in no sense a necessary of life.

Even in our days, notwithstanding the vast consumption of tobacco, it is a habit of the minority only. The female sex, to their honour be it said, with very rare exceptions, abstain from this indulgence. If the claims of the apologists of tobacco are correct, why is it that an entire sex avoids it? The frailer body and more mobile mind of woman seem to stand in greater need of "soothing" and "refreshing" than the coarser frame of man.

It is not necessary; for all men do not smoke, and the abstainers are not subject to any inconvenience or disadvantage, but the reverse.

Homer sang his deathless song, Raphael painted his glorious Madonnas, Luther preached, Guttenberg printed, Columbus discovered a New World before tobacco was heard of. No rations of tobacco were served out to the heroes of Thermopylæ, no cigar strung up the nerves of Socrates. Empires rose and fell, men lived and loved and died during long ages, without tobacco. History was for the most part written before its appearance. "It is the solace, the aider, the familiar spirit of the thinker," cries the apologist; yet Plato the Divine thought without its aid, Augustine described the glories of God's city, Dante sang his majestic melancholy song, Savonarola reasoned and died, Alfred ruled well and wisely, without it. Tyrtaeus sang his patriotic song, Roger Bacon dived deep into Nature's secrets, the wise Stagirite sounded the depths of human wisdom, equally unaided by it. Harmodius and Aristogeiton twined the myrtle round their swords, and slew the tyrant of their fatherland, without its inspiration. In a word, kings ruled, poets sang, artists painted, patriots bled, martyrs suffered, thinkers reasoned, before it was known or dreamed of. Who of us can realise Moses with a "churchwarden" in his mouth, or St. Paul smoking a prime Havannah?

Think of ancient Greece, of her glory in arts and arms and song, of her poets, sculptors, architects, after whom the moderns toil in vain. We do but follow in their tracks with halting steps and slow, and yet they lived their lives, and thought their deathless thoughts, and gave immortal beauty to the silent stone, without tobacco.

What shall we say, then, to this habit? It is in no case necessary or beneficial; it is a social nuisance; it is devoid of all æsthetic beauty; it is an unmanly leaning on a solace to care and labour neither sought nor needed by the weaker sex; it is an enormous and yearly increasing source of national improvidence. Above all, it is the foe to youthful development, the bane of youthful blood and brain. The subject may seem to some too trivial for serious attention; but when we consider the extent of juvenile smoking, we see that the national life and stamina are seriously threatened by this ignoble habit. So a noble tree, heaven-aspiring, with wide-spreading branches, whose leaves are a refuge for the singers of God, may be attacked by some insignificant parasitical plant, which winds round and round it in serpent-folds, and sucks away its sap and vigour, till the green leaves are blasted and the singers flee away till the glory is departed, and Death and Ruin alone remain.—*The Quarterly Journal of Science*, October, 1872.

ON THE WORK OF A MEDICAL OFFICER OF HEALTH,
AND HOW TO DO IT.*

By T. J. DYKE, F. R. C. S. Eng., Medical Officer of Health,
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I AM induced to lay before you the following remarks, from the fact of my having received lately very many inquiries from my brother associates, as to what the duties of a Medical Officer of Health were, and how they were to be done. I will hope that it will not be considered presumptuous on my part to thus lay my views before you, when I tell you that, for the last twenty-four years, I have been a watchful student of the causes deteriorating the Public Health, and for the last seven years have held the medical officership of health in my native town, Merthyr Tydfil.

The Duties of a Health Officer.—These have been briefly, yet comprehensively, stated in the minute adopted by the Local Board of Health of Merthyr, in January, 1866.

"1. To ascertain what local causes prejudicially affect the public health in this district, to inform the Board of these discovered causes, and to suggest such means for their removal as medical science can advise.

"2. To seek information of the occurrence of cases of epidemic, endemic, or contagious diseases, and when informed to visit the localities, ascertain the extent of the malady, the local causes likely to conduce to the diffusion thereof, and give such warning as may induce the persons affected to have recourse to medical treatment. In case of an outbreak of small-pox, to inquire into the history thereof, and as to the practice of vaccination in the neighbourhood.

"3. To inspect any meat exposed for sale for human food, whenever required so to do by an officer of this Board, or any police officer, and to give his opinion as to the fitness or otherwise of such meat being used for human food, whenever required by a Justice of the Peace.

"4. Upon any complaint received by him of the emission of any noxious or offensive smell from any process of trade carried on in any manufactory, yard, house, or premises, of atmospheric pollution from any drains or sewers, to enquire into the causes, and report upon the means for the prevention thereof.

"5. To perform any duties imposed by any Act of Parliament on the Officer of Health, or Sanitary Inspector.

"6. To attend the meetings of the Local Board when necessary.

"7. To report quarterly the nature and amount of sickness and death, the number of births, and of persons vaccinated ; and to present annually a report and tabular return of the ascertained sickness and mortality of the district."

The foregoing being a summary of the duties, let me tell you how I have endeavoured to carry them into practical working. Under the seventh heading, it will be observed that quarterly and annual reports had to be prepared and presented to the local authority. After consulting the admirable reports of Dr. George Buchanan, formerly Medical Officer of Health of St. Giles, and Dr. Henry Littlejohn, Health Officer of the City of Edinburgh, I adopted a form of report (a copy of which I lay before you), which I have continued to use and to present to my Board each year. By reading in review the several chapters and sections into which this report is divided, I shall be able, I trust, to convey to you some idea of the subjects with which a Medical Officer of Health will have to become acquainted,

Read before the South Wales and the Monmouthshire Branch.

and to inform you of the sources from which the desired knowledge may be obtained.

A report on the sanitary condition of a town or district should, in the *first* place, show the numbers of the people, their ages, occupations, characteristics of their dwellings, geological formation of the soil on which those dwellings are placed, the watershed of lands, the aspect of those lands and of the habitations of the people, and the varying meteorological conditions, such as rainfall, exposure to particular winds, variations of temperature, etc., to which the population are exposed.

In the *second* place, statistical information should be given of the marriages, births (legitimate or illegitimate), vaccinations, and deaths.

Under a *third* head should be included all those external circumstances which affect the health of man, such as the quality, sufficiency, and price of food, and the means of earning such sufficiency; the quality and quantity of the water-supply; and the mode of disposing of refuse.

Lastly, the sanitary works that are in progress, or are desirable, the legislative powers which have been given or are wanted, the practical working of the statutes giving those powers, and the imperfections observed in their application; these all require elucidation, and should be plainly set before the governing authority.

Let me now proceed to point out, how the work summarised in the foregoing paragraphs is to be done.

Population.—This will be ascertained from the returns of the last Census, and the most ready sources of information are: 1 The Quarterly Returns of the Registrar-General. These are published at a very small cost; the numbers to be ordered for this year, would be Nos. 93, 94, 95, and 96, which last will be issued on February 1st, 1873. 2 The Annual Reports of the Registrar-General. The last published is for the year 1869, and is numbered 32. For details of population, inquiry should be made of the Superintendent-Registrar of the district; this officer can readily give the numbers of houses in each hamlet or tything or subdivision, the number of separate families, and the totals of these in each subregistration district. Most unions publish half-yearly, "Abstracts of Poor-law Relief," and generally much useful statistical information is printed therein.

Ages and Occupations of the People.—For these, for the present, the census-returns of 1861 must be sought out. I fear that many of these valuable documents will have passed to the butter-merchant; at least, I have wholly failed to obtain copies of certain numbers. These returns are published in *volumes*, and in *tables*; "Volume 3, General Report" and Tables 1, "Areas, houses and population," and 2, "Ages, civil condition, occupation, and birthplaces of the people," are the portions the study of which is essential to the full knowledge of the proclivities of the population to diseases by reason of their residences, ages, or occupations. These tables are published in "Divisions," which correspond in number with those used in the Quarterly Returns already referred to; thus all the details relating to the south-western counties would be found in "Division 5," while those of Monmouthshire and South Wales are contained in "Division 11."

Geological Formation of the Lands.—This would be learned from the coloured Ordnance maps, and from the special sections published by the Surveyor-General. Local inquiries would quickly bring to light any peculiar formation or deposit, such as clay-bands preventing the downward passage of water, or the hard "pans" of certain districts in Surrey and elsewhere.

The Watershed of the surface lands should be carefully ascertained, especially of those areas on which tenements have been built; the aspect of the various subdivisions into which the district may, by natural boundaries, be separated, and of the lines of streets in these subdivisions, should be care-

fully noted, so that their exposure to particular winds, and hence the liability of the inhabitants to particular acute diseases, may be borne in mind. The elevation of these various subdivisions above the sea-level would also need to be ascertained.

The Meteorological Conditions of the district, such as the atmospheric pressure, prevalence and force of winds, degree of humidity, daily temperature and rainfall, all should be accurately observed and recorded. The books published by Mr. G. J. Symons will be the safest guides as to the modes of observing and recording, while Buchan's *Handy Book of Meteorology* will afford the fullest information.

The Water-supply of the district should next engage the Health-Officer's most earnest attention. Diligent personal inquiry will be needed to collect all the information attainable as to the sources whence the waters are drawn, the quantities obtainable, and the purity of the supply. The works of reference to which he should have recourse for guidance, are Parkes on *Practical Hygiene*, Bowman's *Practical Chemistry*, and (with special reference to the polluting presence of ammonia), Wanklyn's *Treatise on Water-Analysis*.

Habitations of the people.—The sanitary condition of each house in the district should be carefully inquired into. This inquiry could not economically be done by the Health Officer himself, but can be efficiently arrived at, by entrusting the house-to-house inspection to competent observers, appointed and paid by the local authority, and directed by the medical officer. Such an inquiry was made in Merthyr in the autumn of 1866; nearly 10,000 houses were examined and reported on by four intelligent persons; five weeks were occupied in the examination and report, the cost to the local board being £25. This inquiry embraced the following:—The name of the street, number of each house, names of occupier and of owner, number of family and of lodgers; the ventilation, how it was secured, whether by back doors, or by windows whose upper sashes could be fully let down; the number of privies or of water-closets, and the state of these; the water-supply, whence derived, and the state of any back premises, noticing particularly whether any animals or poultry were kept there. When these returns were completed, they were tabulated by the medical officer for each street in each district, and the results summed up. The usefulness of these returns has been continuous. They now afford standpoints of reference whence to mark the improvements made, and to note the dark spots that call for amendment; by referring to this "Dictionary of Habitations," the state of each house is at once apparent, and upon the occurrence therein of any case of disease, such as, *e. g.*, enteric fever or phthisis, the exciting cause, whether excrementitious exhalations, or dampness of foundations, may be found.

Drains and Sewers.—The Town Surveyor would be the person from whom all details, connected with the drainage and sewerage of the district may be learned. The lines of these, their formation, the kinds of gully traps and closet-pans used, the connections between the sewers and cesspools (if any), the conditions of these polluting collections, their contiguity to wells or springs, or dwellings; these matters each need, and should have the most careful consideration.

Having thus obtained a full knowledge of the factors of diseases which surround man in his dwelling, and in his journeyings, the Health Officer should next proceed to seek for statistical information as to the marriages, births, vaccinations, and deaths which have been recorded in the district assigned to his supervision. The sources of information on all these matters are, in each registration district or subdistrict, the Superintendent-Registrar, or the District Registrar of births, marriages, and deaths.

Marriages, Births, etc.—The numbers of births should be ascertained weekly by returns from the District Registrar, and should be classified for male and female, and legitimate or illegitimate. The number of marriages would be given quarterly, on application to the Superintendent-Registrar, who can also supply a return of the numbers of children, etc., successfully vaccinated. The ages, under one year and above one year, would also be given; by comparing the number under one year of age vaccinated in each quarter with the number of children born in the previous quarter, the Health-Officer would be able to form an opinion as to whether the practice of vaccination was or was not sufficiently carried out. The death-roll should also be obtained weekly from the District Registrar. The return should state the date of death, the residence, names, age, sex, and occupation of the deceased, the cause or causes of death, and whether such cause had been certified by a registered medical practitioner, or by a coroner, when an inquest had been held. I lay before you a blank form of the return which I use. The cost of the weekly returns of births and deaths is £8 per annum; the mean number of births being 2000, and of deaths 1400, out of a population of 50,000. To obtain these returns, application should be made to the Registrar-General by the local authority; the consent being obtained, the District Registrar would weekly fill in and forward the returns, the Local Board remunerating him for his labour, and of course providing him with the forms in blank.

Having obtained these returns, and learned by careful perusal the diseases which have proved fatal, the Health-Officer should make note of every case of *presumed preventable disease*, and inquiry be at once instituted into all cases of epidemic contagious fevers. Indeed, a diligent and constant study of these death-rolls quickly direct the attention of the Health-Officer to the plague-spots of his district; and, when his attention has been once drawn to them, he will not cease to seek for the causes of disease, and, when they are discovered, he will continuously endeavour to get them removed.

The *Tabulation of the Mortality Returns*, according to districts and streets, etc., will occupy very much of the time of the Health-Officer; but it is absolutely necessary that this should be done, as without such a sorting of the causes of death, and setting down to each locality its due share of the gross mortality, no man can fully perceive the close connection between insalubrious houses, or courts, or alleys, and the death-rate in such places. My habit has been to set down under each division of the district the details of the mortality of each week; thus: Week ending—, male or female, age, cause of death, age at death. Summing up these each quarter, I obtain the numbers of males and females, the numbers under and over five years, the causes of deaths, and the total of years lived by the whole number. This total, divided by the whole number, yields the average age at death. From this district ledger (as it were), I post all cases of death into the several headings of the general mortality table, placing opposite the name of each disease, under one of the several ages, the score of the particular death of the male or female. The sum of the deaths from each cause, the sums of the deaths from each class of disease, and the total of deaths would be brought out in the columns on the extreme right; while the base line of each column would show the mortality at each age. The table at the end of my second annual report will illustrate my description.

A glance at tables so constructed would point out the excess or diminution of deaths from all causes, and from particular causes. Thus the facts that particular diseases had increased, or diminished, would be plainly displayed. The books which would guide a medical officer in preparing such abstracts of mortality, are, 1, the *Nomenclature of Diseases*, as

published by the Royal College of Physicians; and 2, the Annual and Quarterly Reports of the Registrar-General, already referred to.

Passing on to the *third* heading, the *Food of Man* should occupy the earnest attention of the Health Officer; the quality of the main articles of food by which human life is supported—flour, oatmeal, potatoes, meat, &c.—should be inquired into. In Dr. Parkes's work already named, all the needful instructions for ascertaining the purity or otherwise of these may be obtained. In addition to ascertaining the quality of the food, the Health-Officer would also inquire into the *quantity* of food supplied; this will largely depend upon the *prices* of food. These may be learned by personal inquiry of the dealers, and also from the Clerk to the Guardians; this officer would give copies of the prices paid for articles of food obtained by the Guardians. These prices may be taken as a fair average of what is paid in the district for the food consumed by its inhabitants. The *means* whereby man obtains his food should next be inquired into; what may be the *rate of wages* earned by the working men in the several branches of trade or commerce carried on in the district would call for much personal inquiry on the part of the Health-Officer. The replies obtained would enable him to form a fair comparison of the rate of wages with the price of food; the conclusion which he may deduce therefrom should be fully set forth. Under this heading should also be considered the *numbers of the paupers* permanently and casually relieved in the district. These numbers would be a very safe criterion of the prosperity or otherwise of the trade and commerce carried on. The facts required may be learned from the half-yearly abstracts published by the boards of guardians. To the question of the water supplied to a district, I have already alluded.

The concluding subject of inquiry comprises the progress in sanitary works, and the working of the legislative powers given by the statutes.

Having carefully mastered the various details above-named, with much labour and long toil, the Health-Officer would endeavour to form some notion of the executive duties he would have to perform. Here, primarily, he should bear in mind this golden rule: the Health-Officer is the *medical adviser* to his Board, and should not, in any instance, proceed to any *action* until so directed by order of his Board. It is not, therefore, necessary that he should seek for nuisances, or interfere in any way in the duties apportioned by the Board to the surveyor, or to the Inspector of Nuisances; but, as it is necessary that he should be kept thoroughly informed upon every matter relating to the health of the inhabitants, it is absolutely requisite that one (or more, according to the size of the district) Inspector of Nuisances should be placed under his control. The duties of this official would be to inquire into and discover all nuisances, inspect houses let in lodging and common lodging-houses, diligently seek information of houses overcrowded, visit the localities in which fevers may be prevalent, see to the removal of the fever-stricken to hospitals, inspect slaughter-houses and market-places; in fact, he should be the ever-ready assistant of the medical officer in seeking for the causes which prejudicially affect the public health. The salary of the Inspector, who is subordinate to the Health-Officer at Merthyr, is twenty-seven shillings per week; he is supplied with one suit of clothing annually, and, for additional services during epidemic outbreaks, has received donations of money.

In order that the Medical Officer of Health may know what are nuisances, what are the obligations of landlords and tenants, and what are the modes of procedure by which the former may be removed and the latter punished, it is necessary that he should have a clear apprehension of the law relating to Public Health and Local Government. In Glen's work on this subject, a most complete, accurate, and understandable digest of the law will be found. A promise has been made by the head of the

Local Government Board that a synopsis of these laws shall shortly be published ; when the promise is fulfilled, doubtless much of the uncertainty which now attends the practical application of the statutes will cease.

Having thus sketched out— I trust not too tediously—the various duties of the Health-Officer, I will, in conclusion, add but two or three remarks.

First, as to the amount of time and labour that a medical man would have to devote to the proper carrying out of the work I have described. Taking my own sphere of labour as the basis, I would say that a district such as Merthyr Tydfil is—of 18,000 acres in area, 3000 acres being occupied by houses and gardens, with a population of 50,000, living in 10,000 separate tenements—the time occupied to do the work efficiently would not be less than one hundred days, allowing ten hours of labour each day.

The costs of the work in Merthyr are £8 a-year paid to the Registrars of Births and Deaths, an allowance not exceeding £10 a year to the medical officer for the purchase of books, instruments, chemicals, stationery, and for the printing of the annual report, and the medical officer's salary of £100 a year; giving a total of £118. You will understand that the medical officer's services are not remunerated at their commercial value.

Secondly, as to the nature of the work which will be required of the Health-Officers of the future. As yet, this has not been officially defined, and, therefore, I would earnestly press upon my medical brethren generally not to be too hasty in tying themselves to undertake labours of which they do not know the extent and character.

The Local Government Board have announced that rules and regulations to be observed by local authorities (desiring pecuniary aid in payment of the salaries of Health-Officers and Nuisance Inspectors) are being prepared: it would, therefore, be prudent if both authorities and medical men would wait until those rules shall have been made public. This is more especially necessary, since the Inspectors appointed by the Central Board will have large means granted them to enforce the efficient carrying out of the sanitary laws.

All these are subjects of congratulation to those who have the well-being of their fellow countrymen at heart ; and it is to be hoped that the responsible chief of the department, in selecting those divisional officers, whose duty it will be to advise, assist, instruct, gently press, or cogently reason with district authorities, will not be tempted humbly to initiate a practice which is said to have prevailed in the Grand Duchy of "Nebel-und-Regenstein"; where "*it had long been admitted, that the necessity for knowing anything about the functions one might be called upon to discharge, was an exploded fallacy.*"

Outline Report upon the Sanitary Condition of—, during the year—, by —, Health-Officer.

Duties of medical officer as defined by local authority.

Chap. I.—Numbers, etc., of the Population, Geology, Watershed, and Aspect of the District ; Natural Divisions thereof ; Habitations of the People ; Rainfall, Temperature, etc.

Sect. 1.—Population ; area of district.

Sect. 2.—Ages and civil conditions of people.

Sect. 3.—Sanitary topography of whole district, and of divisions, etc.

Sect. 4.—Habitations of the people, characteristics as to site, structure, dampness, ventilation, drainage, etc.

Sect. 5.—Common lodging-houses, houses let in lodgings, slaughter-houses, markets, etc.

Sect. 6.—The weather, rainfall, temperature.

Chap. II.—Water-supply, Food, Wages, Pauperism.

Sect. 1.—Water-supply ; quality and quantity, etc.
 Sect. 2.—Prices of chief articles of human food, and adulterations thereof.
 Sect. 3.—Wages of labouring population, in each of the particular classes of labour in district.

Sect. 4.—Number of paupers relieved.
 Chap. III.—Statistics of Marriages, Births, Vaccination, and Deaths.

Sect. 1.—Marriages.
 Sect. 2.—Births, legitimate and illegitimate.
 Sect. 3.—Vaccinations.
 Sect. 4.—Deaths from all causes in whole district.
 Sect. 5.—Ditto, ditto, in each division of district.
 Sect. 6.—Ditto from each class of disease in whole district, and in each division of district.

Sect. 7.—Ditto from epidemic contagious disease in each division of district.
 Sect. 8.—Ditto from tubercular diseases in each division.
 Sect. 9.—Ditto from lung diseases, etc.
 Sect. 10.—Ditto from accidents.
 Sect. 11.—Ditto of illegitimate children.
 Sect. 12.—Ditto in union workhouse, gaol, or hospital.

Chap. IV.—Sanitary improvements, etc.
 Sect. 1.—Sanitary works during year.
 Sect. 2.—Sanitary works needed.
 Sect. 3.—Practical working of sanitary laws.
 Sect. 4.—Amendments desirable.

Summary.—Comparisons of rate of Increase or Decrease of Numbers of People ; Increase or Decrease of Rate of Marriages, Births, Deaths, Causes of Increased Mortality (if any) ; Remedial Measures necessary for removal of Causes, etc.

Appendix.—Table showing Causes of and Ages at Death from each Class and Order of Disease.

Form of Weekly Return to be made by Subdistrict Registrars.

District of Merthyr Tydfil. Subdistrict of _____ Return of Number of Births and Deaths during the week ending Saturday, the _____ day of _____, 18____ Births : Legitimate, M., _____, F., _____ ; Illegitimate, M., _____, F., _____ ; total, _____ Deaths : Male, _____, Female, _____ ; total _____.

(The Medical Officer will be glad to have this return every Monday.)

Particulars of Deaths Registered in the week : Register No. ; when died ; residence ; names ; sex ; age ; occupation ; causes of death (1, 2) ; duration of diseases (1, 2) ; certified or not, or inquest.—*The British Medical Journal.* Nov. 16, 1872.]

Correspondence.

ULATKAMBAL IN DYSMENORRHŒA.

To the Editor of Calcutta Journal of Medicine.

DEAR SIR,—I had hitherto purposely kept aloof from a Correspondence in which I was principally concerned, simply because I did not like to appear in print claiming, if not the discovery, at least the first publication of the use of *ulatkambal* in the various forms of painful menstruation (dysmenorrhœa) prevalent amongst the females of Bengal. But when I find respectable professional gentlemen engaging themselves in hot controversy not so much about the virtues of the drug as about the priority of the discovery of the same, I feel it my duty boldly to come forward and state my conviction as regards the use of the drug and the period when it was first introduced into regular medical practice.

In the year 1850, when I was first admitted as a pupil in the Calcutta Medical College, I was requested by two or three of my relations suffering from dysmenorrhœa to obtain some medicine for the relief of that painful disorder. As Babu Doorga Churn Banerjee was then in the zenith of his reputation as a successful practising physician I asked his advice on the subject, and he told me that there was one medicine which he knew to be almost infallible and that was a native drug, the *ulatkambal*. He said that his own mother had suffered from this painful disorder long before his birth, and that she had been advised by a Fakir to use the drug in question. Observing its beneficial effect in her own person she gave it to a number of females in the same condition as herself and they all derived benefit from its use. Babu Doorga Churn said that he seldom prescribed any other medicine than *ulatkambal* in dysmenorrhœa; that he always directed the sufferers to resort to this homely drug; and that he was happy to state that about all his patients were benefited. I followed his advice and administered the root of the *ulatkambal* in the manner described in my paper on dysmenorrhœa read before the Bengal Branch of the British Medical Association in August 1867, a *résumé* of which appeared in the *Indian Medical Gazette* of next month.

For the last 22 years I have been using this drug in cases of dysmenorrhœa, if not with invariable success, at least with marked benefit. The number so treated must have been above fifty, but certainly not less. I may here mention that to the best of my belief and recollection Baboo Bhoobun Mohun Sircar was himself present at the discussion which took place on the reading of my paper on Dysmenorrhœa, in which Drs. Charles, Ewart and other leading medical gentlemen of Calcutta took an active part, as will appear from the published proceedings of the society, and yet in the paper, which Babu Bhoobun Mohun wrote on the selfsame subject and published in the *Indian Medical Gazette*, he had not thought it worth his while to refer to my paper, a *résumé* of which appeared in the same Gazette five years before the publication of his own. Nay more, when he first advertised the sale of that drug, he gave the world to understand that he was the *sole* possessor of the secret of the wonderful properties of that drug which has proved so infallible in his hands. I believe it to be the duty of every honest enquirer to deal fairly with his co-laborers and not to appropriate to himself the whole of the credit which appertains to many.

In the matter of *ulatkambal* as a remedy for dysmenorrhœa, the priority of discovery is probably to be given to the nameless unknown Fakir who first gave it to the mother of the late Babu Doorga Churn Banerjee and from whom no doubt all of us, who have used the drug and written about it, derived our knowledge of it. Every credit is due to Babu Bhoobun Mohun Sircar for having attempted to make it available to patients at all seasons of the year. I do not know exactly in what form he uses it, but I have grave doubts as to whether the *tincture* form will serve the same purpose as the crude drug. I myself had exhibited the medicine in the form of *tincture* but found the crude drug much more efficacious. Further experience will teach us as to the best mode and form in which the drug should be administered.

In conclusion, I beg to correct a misprint which appeared in the résumé of my Paper in the *Medical Gazette*, and which has been copied by Babu Omes Chunder Mitter in your Journal for July and August. Instead of "it generally brings on *menstruation*" it should be "it generally brings on *conception*." My sincerest thanks are due to your correspondents Babu Omes Chunder Mitter and J. M. S. for having taken up my cause, and you for having admitted their correspondence in your Journal, and I trust you will employ your able pen, as it has been, on the side of truth and justice, and thereby calm the troubled waters raised by the correspondence on both sides.

Yours &c.,

SOORJEE COORMAR SARBADHICARY.

THE SAME.

DEAR SIR,—I am much surprised to find a man of Babu B. M. Sircar's position, instead of noticing my remarks on *ulatkambal* from a scientific point of view, instead of giving a detailed analysis of the nature of his 500 successful cases, has the pleasure of pouring forth volleys of abusive epithets. How far is this course justified, is for you and your readers to judge.

It was not because I was either blinded by "sinister motives" or tempted by any "vindictive feeling," as Babu B. M. Sircar very charitably supposes, but simply because I was pained to see a professional brother degrade himself to the level of a *quack*, and with the object of rescuing him from such a miserable position, that I was obliged to write a few remarks on the subject. If he takes offence at this I am helpless.

I believe I have already cited from authentic sources facts enough to convince you and your numerous readers, that *ulatkambal* was known in many parts of Bengal long before Babu B. M. S. came to the world. Can you Mr. Editor with any show of reason call B. M. S. a discoverer for his publishing a paper on the drug in July 1872, while Babu Soorjee Coomar Surbadhicary had published his paper on the subject in Sept. 1867, and Babu Bhoobun Mohun Ganguly in 1869? These gentlemen must have tried the medicine some years before making it public. It is however beyond human comprehension to understand B. M. S. when he claims the priority of his discovery, and at the same time condescends to admit with me that the drug in question is a *well-known domestic remedy*.

My remark on his advertisement might appear "too mean and insignificant" to my professional brother B. M. S., but "it requires no ghost to say" that there is not a single medical man, Prof. Holloway excepted, who could make bold to assert the same infallibility of any other drug in the world.

In the present state of our knowledge of the drug, when its mode of application and the exact nature of applicable cases are quite uncertain, I would recommend its trial in all cases of dysmenorrhœa. The number of failures will no doubt vastly exceed that of cures in such indiscriminate use, but it will bring to us some more certain useful knowledge of the drug, which, as far as I have observed, does not appear in the least to injure health.

In conclusion allow me to state that I can supply you and your readers with any quantity of the drug, as genuine as Messrs. B. M. S. and Co.'s, and without any cost, and I trust this will induce many of my colleagues to acquire a more intimate knowledge of its properties and uses.

Your's faithfully,
L. M. S.

